

PLEASE ADDRESS ALL MAIL TO
UNITED STATES ATTORNEY
NEWARK, N. J. 07101
AND REFER TO

United States Department of Justice

UNITED STATES ATTORNEY
FOR THE DISTRICT OF NEW JERSEY
NEWARK, NEW JERSEY 07101

CU:CR:bl
2288
Cr. 4178c

August 26, 1965

Honorable Michael Keller
Clerk, United States District Court
Trenton, New Jersey

Re: United States vs. Constantino Vincent Riccardi
Criminal Court No. 4178c

Dear Sir:

We enclose herewith copy of death certificate showing
that the above named died on January 9, 1960.

A fine of \$10,000.00 was imposed against the defendant
on June 21, 1948.

Please remove the fine from your judgment records.

Very truly yours,

David M. Satz, Jr.
BT.

David M. Satz, Jr.
United States Attorney

Collection Unit
645-2372

Enc.

FILED

AUG 27 1965

AT 8:30 O'CLOCK A.M.
MICHAEL KELLER, JR. CLERK

LOS ANGELES COUNTY
HEALTH DEPARTMENT

This is to certify that
this is a true copy
of the document
filed in this office.

ROY O. GILBERT, M.D.
County Health Officer
and Local Registrar of
Vital Statistics

Roy O. Gilbert
By: Deputy Registrar

Date: *May 5, 1960*

Certification:

Fee paid \$2.00

Free

STATE FILE NUMBER				CERTIFICATE OF DEATH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				7097				371					
1a NAME OF DECEASED—FIRST NAME		1b MIDDLE NAME		1c LAST NAME		2a DATE OF DEATH—MONTH DAY YEAR		2b HOUR					
Constantino		Vincent		Riccardi		January 7, 1960		9:03 P. M.					
3 SEX	4 COLOR OR RACE	5 BIRTHPLACE—STATE OR TERRITORY	6 DATE OF BIRTH			7 AGE—LAST BIRTHDAY		8 IF UNDER 1 YEAR		9 UNLTD. 24 MONTHS			
Male	White	Pennsylvania	December 15, 1898			71 YEARS							
8 NAME AND BIRTHPLACE OF FATHER			9 MAIDEN NAME AND BIRTHPLACE OF MOTHER			10 CITIZEN OF WHAT COUNTRY		11 SOCIAL SECURITY NUMBER					
Frederick Riccardi, Italy			Laria Lilla, Italy			U. S. A.		None					
12 LAST OCCUPATION		13 HIGHEST GRADE OF EDUCATION	14 NAME OF LAST EMPLOYING COMPANY OR FIRM		15 KIND OF INDUSTRY OR BUSINESS								
Broker		20	Self employed		Mining								
16 IF DECEASED WAS EVER IN U. S. ARMY OR NAVAL SERVICE		17 SPECIFY SERVICE AND GRADE		18a NAME OF PRESENT SPOUSE		18b PRESENT OR LAST OCCUPATION OF SPOUSE							
no		Married		Frances E. Riccardi		Housewife							
19a PLACE OF DEATH—NAME OF HOSPITAL				19b STREET ADDRESS—ROUTE STREET OR RURAL ADDRESS OR LOCATION				20 NO. OF USE OF D. 803 NUMBER		21 INCLUDE CITY		22 INCLUDE COUNTY	
Altadena Community Hospital				2052 N. Lake Avenue						<input type="checkbox"/>		<input checked="" type="checkbox"/>	
19c CITY OR TOWN		19d COUNTY		19e LENGTH OF STAY IN COUNTY OF DEATH		19f LENGTH OF STAY IN CALIFORNIA		19g YEARS		19h YEARS		19i YEARS	
Altadena		Los Angeles		44		44		44		44		44	
20a LAST USUAL RESIDENCE—STREET ADDRESS				20b IF INSIDE CITY CORPORATE LIMITS		20c IF OUTSIDE CITY CORPORATE LIMITS		21a NAME OF INFORMANT (IF OTHER THAN SPOUSE)					
626 E. Mariposa Street				<input type="checkbox"/>		<input checked="" type="checkbox"/>							
20c CITY OR TOWN		20d COUNTY		20e STATE		21b ADDRESS OF INFORMANT							
Altadena		Los Angeles		California									
22a PHYSICIAN				22c PHYSICIAN OR CORONER—SIGNATURE				22d DATE SIGNED					
<i>H. F. Clay</i>				<i>H. F. Clay</i>				1-11-1960					
22b CORONER				22e ADDRESS				22f					
				<i>Pasadena</i>									
23. LOCAL BOARD OF HEALTH—TYPE OF CREATION				24 DATE		25 NAME OF CEMETERY OR CREMATORY		26 BALMAGE—SIGNATURE (IF NONE) BALMAGE LICENSE NUMBER					
Entombment				1-12-1960		Calvary Mausoleum		<i>Jack S. Taylor 4340</i>					
27. NAME OF FUNERAL DIRECTOR				28 DATE RECEIVED FOR REGISTRATION		29 LOCAL REGISTRAR—SIGNATURE							
Wendell P. Cabot & Sons				JAN 11 1960		<i>R. O. Gilbert</i>							
30. CAUSE OF DEATH				PART I. DEATH WAS CAUSED BY:									
				IMMEDIATE CAUSE (a): <i>Acute myocardial infarction</i>									
				CONDITIONS IF ANY, IN WHICH ABOVE CAUSE (a) EXISTED THE UNDERLYING CAUSE (b): <i>Abdominal aortic aneurysm</i>									
				DUE TO (c): <i>Atherosclerosis</i>									
				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a):									
31. OPERATION—CHECK ONE				32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE		34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE					
<input checked="" type="checkbox"/> No operation performed						<input type="checkbox"/> No autopsy performed							
34a. DESCRIBE HOW INJURY OCCURRED				35a. TIME OF INJURY									
				HOUR MONTH DAY YEAR									
35b. INJURY OCCURRED				35c. PLACE OF INJURY				35d. CITY, TOWN, OR LOCATION					
<input type="checkbox"/> WHILE AT WORK								COUNTY STATE					