



City of Cambridge

54.

IN CITY COUNCIL

October 16, 1995

COUNCILLOR TOOMEY
COUNCILLOR TRIANTAFILLOU

WHEREAS: **Abraham Joseph Spinetto**, who was born on May 1, 1922 and died on November 10, 1989, was a lifelong resident of Cambridge; and

WHEREAS: Abraham was a Navy veteran of World War II; he was a Gunner's Mate First Class and served in the Pacific Fleet on the U.S. Hancock CV 19 Destroyer; and

WHEREAS: Abraham spent his working life in the City of Cambridge; he was the owner of Pat's Tow Service and A & P Leasing Company, both on Pacific Street; and

WHEREAS: Abraham was the beloved husband of Santana Belloste Spinetto, to whom he was married for forty-two years; and

WHEREAS: Abraham was the father of Joseph, Linda, Patrick and Elaine; the grandfather of Sandra, Tracey and Joseph Jr.; and the great-grandfather of Amanda, Ashley, Alyssa and Brianna; and

WHEREAS: Abraham was a well-known and much beloved member of his community; now therefore be it

RESOLVED: That the City Council hereby dedicates the corner of Eighth and Spring Street as **Abraham J. Spinetto Square** in honor of this wonderful and much-missed Cambridge citizen; and be it further

RESOLVED: That the City Clerk be and hereby is requested to prepare a suitably engrossed copy of this resolution for presentation to the Spinetto Family on behalf of the entire City Council.

In City Council October 16, 1995
Adopted by the affirmative vote of nine members.
Attest:- D. Margaret Drury, City Clerk.

A true copy;

ATTEST:-

A handwritten signature in cursive script, reading "D. Margaret Drury".

D. Margaret Drury
City Clerk

Replacement of Order No 54 Oct 16, 1995
- pls prepare for Friday

Copy
Sperry

①

Whereas: Abraham Joseph Spinetto, who was born on May 1, 1922 and died on November 10, 1989, was a lifelong resident of Cambridge; and

④

Whereas Abraham was the beloved husband of Santina Belleste Spinetto, to whom he was married for forty-two years; and

⑤

Whereas: Abraham was the father of Joseph, Linda, Patrick and Elaine; the grandfather of Sandra, Tracey, and Joseph Jr.; and the great-grandfather of Amanda, Ashley, Alyssa and Branna; and

③

Whereas: Abraham spent his working life in the City of Cambridge; he was the owner of Pat's Tow Service and A+P Leasing Company, both on Pacific Street; and

②

Whereas: Abraham was a Navy veteran of World War II; he was a Gunner's Mate First Class and served in the Pacific Fleet on the U.S. Hancock CV 19 Destroyer; and

Whereas: Abraham was a well-known and much beloved member of his community; and therefore be it

Resolved: That the City Council hereby dedicates the corner of Eighth and Spring Street as Abraham J. Spinelto Square in honor of ~~this~~ This wonderful and much-missed Cambridge citizen.

SEC

RECEIVED BY
OFFICE OF CITY CLERK
6 SEP 30 PM 2:57
CAMBRIDGE MA.



RECEIVED BY
OFFICE OF CITY CLERK
96 SEP 30 PM 2:57
CAMBRIDGE MA.

CAMBRIDGE CITY COUNCIL

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139

(617) 349-4280

Fax (617) 349-4287

MEMORANDUM

TO: Steve White, Deputy Commissioner

FROM: Sandra Albano, Assistant to the City Council

DATE: September 30, 1996

RE: ABRAHAM J. SPINETTO SQUARE

Per our conversation of today, the dedication of Spinetto Square will take place on Saturday, October 5, 1996 at 1:00 p.m. at a site to be determined. Also, after speaking with the family, it is their wish that the sign be made of wood and it should read:

ABRAHAM J. SPINETTO SQUARE

Thanks for your help. As soon as I get the correct location, I will let you know.

s

cc: Bob Simard
Freddie Cabral
D. Margaret Drury

*to replace
order #54
of Oct. 16, 1995
died 1998
November*

*93?
92?*

November 10, 1989 #1163

INSTRUCTIONS ON REVERSE SIDE)

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

DATE OF DEATH
PLACE
HOSPITAL
TYPE
RACE
EDUCATION
AGE
NATIVITY
MARITAL
RESIDENCE
OUT-STATE
DISP.
AUTOP.
MED EXAM
MANNER
C. WORK INJ
F. PLACE
3-37 CERT
DA RN PRO

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
1 Abraham		Joseph	Spinetto	2 M	3 Nov. 10, 1989	
PLACE OF DEATH (City/Town)		COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			
4a Cambridge		4b Middlesex	4c Mt. Auburn Hospital			
PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA		OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR
5				6 016-18-0942		7 WW II
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) ☒ NO ☐ YES		RACE (e.g. White, Black, American Indian, etc.) (Specify) 8b White		DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) College (1-4, 5+) 9 8		
AGE - Last Birthday (Yrs.) 10a 67		UNDER 1 YEAR MOS DAYS 10b		UNDER 1 DAY HOURS MINS 10c		DATE OF BIRTH (Mo., Day, Yr.) 10d May 1, 1922
BIRTHPLACE (City and State or Foreign Country) 11 Cambridge, Massachusetts		BIRTHPLACE (City and State or Foreign Country) 11 Cambridge, Massachusetts				
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED 12 Married		LAST SPOUSE (If wife, give maiden name) 13 Santina Belloste		USUAL OCCUPATION (Prior - If retired) 14a Owner		KIND OF BUSINESS OR INDUSTRY 14b Towing Co.
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 15a 177 Spring St., Cambridge, Middlesex, Massachusetts		ZIP CODE 15b 02141				
FATHER - FULL NAME 16 Joseph Spinetto		STATE OF BIRTH (If not in US, name country) 17 Italy		MOTHER - NAME (GIVEN) (MAIDEN) 18 Frances Mura		STATE OF BIRTH (If not in US, name country) 19 Italy
INFORMANT'S NAME 20 Santina Spinetto		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21 177 Spring St., Camb., MA 02141				
METHOD OF DISPOSITION ☒ BURIAL ☐ CREMATION ☐ DONATION ☐ OTH. SPEC.		FUNERAL SERVICE LICENSEE 24 Charles Aufiero		FUN. SERVICE LICENSEE # 25 5601		
23		26a Cambridge Cemetery				
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)		LOCATION (City/Town, State) 26b Cambridge, MA				
DATE OF DISPOSITION (Mo., Day, Yr.) 27 Nov. 13, 1989		ADDRESS OF FACILITY 28 140 Otis St., Camb., MA				
NAME OF FACILITY 29 Donovan-Aufiero Funeral Home						
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.						Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)						3 weeks
a. Renal Failure						
b. malignant lymphoma						3 months
c.						
d.						
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.						
30 WAS CASE REFERRED TO MED EXAM? (Yes or No) 31 No						32
34 MANNER OF DEATH ☒ NATURAL ☐ SUICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ HOMICIDE ☐ COULD NOT BE DETERMINED						35
DATE OF INJURY (Mo., Day, Yr.) 35a						TIME OF INJURY 35b M
INJURY AT WORK (Yes or No) 35c						
DESCRIBE HOW INJURY OCCURRED						
PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify: 35e						
LOCATION (No. & St., City/Town, State) 35f						
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) Matthew R. Kaufman MD						37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)
DATE SIGNED (Mo., Day, Yr.) 36b November 16 1989						DATE SIGNED (Mo., Day, Yr.) 37b
HOUR OF DEATH 36c 6:00 A M						HOUR OF DEATH 37c M
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER 36d Lisa Weissmann						PRONOUNCED DEAD (Mo., Day, Yr.) 37d
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) 38 Matthew R. Kaufman 300 Mt. Auburn St. Camb.						PRONOUNCED DEAD (Hr.) 37e M
WAS THERE AN R.N. PRONOUNCEMENT? (Yes or No) 40a No						LICENSE NO. OF CERTIFIER 39 45978
IF YES, DATE PRONOUNCED 40b						
IF YES, TIME PRONOUNCED 40c M						
NAME OF PRONOUNCING REGISTERED NURSE 40d						
DATE BURIAL PERMIT ISSUED NOVEMBER 10, 1989						DATE OF RECORD NOV 16 1989
SIGNATURE - BD OF HEALTH AGENT 41						CLERK'S SIGNATURE 42 Joseph E. Conner

BLACK INK ONLY

R-301-89

77

- Abe Spinetta

Dear residents you dedicate next Sac

#59 Oct 16

147H

Abe Spinelto

M. 42 yrs

Ched Joseph, & Linda, Patrick + Elaine

gr Sandra, Tracey, Joseph, Jr

6/ great grnt Amanda Ashley, Alyssa,
Brianna

died Nov 10, 1989

Navy vet WW II
CV 19
USS Hancock, Destroyer

in the Pacific Fleet
gunner's mate 1st class

owner of Pat's Tow Service + A+P
Leasing Co, bkn n Pacific Street



City of Cambridge

54.

IN CITY COUNCIL

October 16, 1995

COUNCILLOR TOOMEY
COUNCILLOR TRIANTAFILLOU

ORDERED: That the City Council go on record designating an appropriate location for the dedication of **Abraham "Abe" Spinetto Square**.

In City Council October 16, 1995
Adopted by the affirmative vote of nine members.
Attest:- D. Margaret Drury, City Clerk.

A true copy; *D. Margaret Drury*

ATTEST:-

D. Margaret Drury
City Clerk



City of Cambridge

October 16, 1995

IN CITY COUNCIL

and KT

COUNCILLOR TOOMEY

ORDERED: That the City Council go on record designating the corner of ~~Sidney Street~~ ^{Spring Street} and ~~Pacific Street~~ as the Abraham "Abe" Spinetto Square.

Eighth.

City Council go on record
designating an appropriate
location for the dedication
of "Abraham 'Abe' Spinetto
Square.

m/q



City of Cambridge

54.

IN CITY COUNCIL

October 16, 1995

COUNCILLOR TOOMEY
COUNCILLOR TRIANTAFILLOU

ORDERED: That the City Council go on record designating an appropriate location for the dedication of **Abraham "Abe" Spinetto Square**.

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A true copy;

ATTEST:-

D. Margaret Drury
City Clerk

Consent Order #54 W-147
Councillors Toomey and Triantafillou re:
Designate appropriate location
for the dedication of Abraham
"Abe" Spinetto Square.

In City Council October 16, 1995