

DEC 10 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

37867

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St Louis mo** (No. **4012 Page 13L**)..... St. .... Ward)

File No. ....  
Registered No. **9844**  
St. .... Ward)

## 2. FULL NAME

**Josephine Purpura**  
(a) Residence, No. **4012 Page 13L** St., **11** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>F.</b>	4. COLOR OR RACE <b>W.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Joseph Purpura</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 25 1875</b>		
7. AGE	YEARS	MONTHS
	<b>60</b>	<b>6</b>
		DAYS
		<b>28</b>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	<b>nil</b>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Italy</b>		
MOTHER / FATHER	13. NAME <b>Salvatore Purpura</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Italy</b>	
	15. MAIDEN NAME <b>Maria Grazia</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Italy</b>	
17. INFORMANT <b>Charles Purpura</b> (ADDRESS) <b>4012 Page 13L</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cemetery</b> DATE <b>Nov 26 1935</b>		
19. UNDERTAKER <b>Padquale Miceli</b> (ADDRESS) <b>11331 70 Kingshighway</b> <b>Nov 25 1935</b>		
20. FILED <b>JF Bredebeck</b> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 23, 1935**

22. WHEREBY CERTIFY, That I attended deceased from **Oct 1**, 19**35** to **Nov 23**, 19**35**  
I last saw him alive on **Nov 22**, 19**35**. Death is said to have occurred on the date stated above, at **8<sup>15</sup>** m.  
The principal cause of death and related causes of importance were as follows:  
**Cerebral Hemorrhage** Date of onset **Nov 22**

Other contributory causes of importance:  
**Arteriosclerosis + Chronic Nephritis**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify.....  
(Signed) **A. Thumt** **1901**, M. D.  
(Address) **1901 Madison St.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH IMPROVED INK—THIS IS A PERMANENT RECORD

