

CT 31 1938

NOV 4 1938

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

36869
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Wellston
(c) City Wellston
(e) Length of residence in city or town where death occurred 14 0 7 yrs. mos. ds.

2
1
Registration District No. 784
Primary Registration District No. 200
(d) Street No. 1276 Morton

Registered No. 1776
St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT/FULL NAME

Gaetana Puleo
(a) Residence, No. 1276 Morton St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Damiano Puleo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1862

7. AGE YEARS 75 MONTHS 10 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife 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) Unknown Italy

FATHER 13. NAME Vincenzo Giacopelli 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

MOTHER 15. MAIDEN NAME Fara (Unknown) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

17. INFORMANT (ADDRESS) Joe Puleo 1276 Morton Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 2, 1938

19. FUNERAL DIRECTOR (ADDRESS) P. Miceli & Son 1150 No. Kingshighway Bl

20. FILED OCT 31 1938 G. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28th, 1938, to Oct. 29th, 1938. I last saw her alive on Oct. 28th, 1938. Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis Date of onset 10/27/38
Cardiac nephritis
Arteriosclerosis
Chronic myocarditis

Other contributory causes of importance: fracture
Name of operation fracture Date of fracture
What test confirmed diagnosis? fracture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 19 38
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 fracture
(Signed) Charles A. Puleo M.D.
(Address) 15061

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.

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)