

NOV 16 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8401

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1519 Sempfle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

8. (a) PRINT FULL NAME JOSEPHINE BURRINI

8. (b) If veteran, name war no 8. (c) Social Security No. none

5. Color Wh race Female
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Albert Burrini
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 7, 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days _____ If less than one day _____ hr _____ min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Anthony Morici

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Judith Kalle
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Brunelli

(b) Address 1519 Sempfle

17. (a) Burial (b) Date thereof 10-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1325 Union Blvd.

19. (a) OCT 8 1940 (b) J. F. Brudick
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 Sempfle Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 37 years years.

20. DATE OF DEATH: Month Oct. day 7
year 1940 hour 6:45 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Years of injury _____

23. Signature Walter Terry (M. D. or other) _____
Address Deputy Coroner Date signed 10/9/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Bernard G. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Quincy St

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.)

If this body is not embalmed, above space should be left blank.