

S. No. 2,
FORM-2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1943
Registration District No. **518**

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16495**
Registrar's No. **5269**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
In this community **37 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **4960 Terry Ave. St. Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **4960 Terry Ave.**
(If rural, give location)
(e) Citizen of foreign country? **yes** (Yes or No)
If yes, name country **Italy**

3. (a) PRINT FULL NAME **Jemie Pupillo.**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widow.**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 19, 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 17 hr. **1/2** min.

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

10. Usual occupation **Housework.**

11. Industry or business _____

12. Name **Anthony Salerno.**

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

14. Maiden name **Provendenza Canizaro**

15. Birthplace **Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tony Pupillo**
(b) Address **4960 Terry Ave.**

17. (a) **Burial** (b) Date thereof **June 9, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **James J. Oudek**
(b) Address **1431 Union Blvd.**
19. (a) **JUN 8 1943** (Date received local Registrar) **J. J. Oudek** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **6**
year **1943** hour **8** minute **45 A.** M.
21. I hereby certify that I attended the deceased from **June 3**
1943 to **June 6**, 1943
that I last saw her alive on **June 5**, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction** Duration **3 days**
Due to **Abdominal distension** **5 yrs**

Due to **Umbilical hernia repaired 5 yrs ago** **5 yrs**
Other conditions **Hy perthetosis** **3**
(Include pregnancy within 3 months of death)

Major findings: **Abdominal distension**
Of operations **Caesarean section**
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) (e) Means of injury _____
23. Signature **James J. Oudek** (M. D. or other) _____
Address **1431 Union Blvd.** Date signed **June 6**

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

MOTHER FATHER

000
67
69

Duration
3 days
5 yrs
5 yrs
3
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

John Ketter

Licensed Embalmer No.....

3880

P. O. Address.....

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, fact should be so stated above.