

FILED NOV 18 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 9701

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution \_\_\_\_\_  
5446 Dempsey Ave  
(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)

3. (a) PRINT FULL NAME Frank Puricelli

3. (b) If veteran, name war no 3. (c) Social Security No. 489-01-5549A

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Emuchetta Diaseo 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 17 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 16 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Matano Puricelli

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

14. Maiden name Skiera O'Brien

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

16. (a) Informant Mrs Emuchetta Puricelli

(b) Address 5446 Dempsey Ave

17. (a) burial (b) Date thereof Nov 6 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Seler's Church

18. (a) Signature of funeral director Paul P. Calcaterra  
(b) Address 2142 S. Dappert Ave

19. (a) NOV 5 1943 (Date received local registrar) (b) J. F. Bueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis  
(c) City or town St Louis  
(d) Street No. 5446 Dempsey Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3 year 1943 hour \_\_\_\_\_ minute 10 A.M.

21. I hereby certify that I attended the deceased from 8/1 to 11/3 1943  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral artery rupture  
General arteriosclerosis Duration 1 yr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 L. J. Williams (M. D. or other) MD  
Address 260 E. Washington Date signed 11/5/43

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..... *Saint C. Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Daggett Ave*

**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.**