

FILED MAY 20 1944  
818

State File No. 4475

Registration District No. Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:  
(a) County  
(b) City or town. St. Louis - Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

3. (a) PRINT FULL NAME PURICELLI, Joseph  
3. (b) If veteran, name war. No  
3. (c) Social Security No. 492-10-450

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife. Giovannina Puricelli 6. (c) Age of husband or wife if alive Merlo years 45  
7. Birth date of deceased. December 25, 1888  
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 18 If less than one day  
hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country) 5

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER  
12. Name Ambrose Puricelli  
13. Birthplace Italy (City, town, or county) (State or foreign country) 5  
14. Maiden name Enrichetta Baroli  
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Mrs. Giovannina Puricelli  
(b) Address 5111 Shaw Avenue

17. (a) Burial (b) Date thereof. 5-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Paul C. Galca terra

(b) Address 5142 Daggott Avenue

19. (a) MAY 15 1944 (b) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County 12/3  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9/3  
(d) Street No. 5111 Shaw Avenue (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 13  
year 1944 hour 4 minute P.M.  
21. I hereby certify that I attended the deceased from May 8  
1944 to May 13 1944  
that I last saw him alive on May 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular accident Duration 6 days

Due to Malignant Hypertension  
Cardio-Vascular disease 2 years

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 Charles Montani (M. D. or other) 9.2  
Address 5147 Daggott ave Date signed 5-15-44

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. 2376

working under my personal supervision.

Signed.....

*Paul C. Calcaterra*

Licensed Embalmer No. 2376

P. O. Address St. Louis, Mo.

**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.**