V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1945

State File No. 32164

Registration District No. 318 Primary Registration District No. 1009 Registrar's No. 9465

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: 5009 Lotus
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5009 Lotus
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country Italian

3. (a) PRINT FULL NAME Giulia Marfisi

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pasquale

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 20 (Day) 1885 (Year)

8. AGE: Years 59 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Giovanne Brugnone
13. Birthplace Termini (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Anna Di Domenico
15. Birthplace Termini (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Pasquale Marfisi
(b) Address 5009 Lotus

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli-Sons
(b) Address 1150 N. Kingshighway

19. (a) NOV 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1945 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 26 1945, to Oct 29 1945 that I last saw her alive on Oct 29 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus

Due to Enzymes

Due to Age

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

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. H. Ruddell (M. D. or other)
Address 1259 N. Kingshighway Date signed 10-31-45

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

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.