

FILED NOV 23 1945
318

Primary Registration District No. 1003

Registrar's No. 9862

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:
Enroute to City Hospital-3
(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 Juinio Verrilli

3. (b) If veteran, name war Unknown
(c) Social Security No. 333-03-3272

4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife alive years

7. Birth date of deceased October 16 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 22
If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

12. Name Unknown

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

14. Maiden name Tommasina Milora

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

16. (a) Informant John Cullinane

(b) Address Public Administrator

17. (a) Burial (b) Date thereof 11-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 14 1945 J. F. Bredesk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1204a Franklin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1945 hour 12 minute 17 P.M.

21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
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)
(c) Means of injury
23. Signature Patrick E. Dayle
Address
Date signed 11-9-45

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

17-50 7 88

9862 2986

9862 2986

Embalmer

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.....

Licensed Embalmer No.....

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.