S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39661

FILED JAN 18 1946

Registration District No. 9 18 — Primary Registration District No. 1003 — Registrar's No. 11353

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: enroute to hospital

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

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

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Louis

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

(d) Street No.: 5534 Botanical (If rural, give location)

(e) Citizen of foreign country? D (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Joseph Puricelli

3. (b) If veteran, name war: no

3. (c) Social Security No. 489 01 4441

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: wid

6. (b) Name of husband or wife: Frances

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

7. Birth date of deceased: March 20 1882 (Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER

12. Name: unknown

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

14. Maiden name: unknown

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

16. (a) Informant: Miss Rena Puricelli

(b) Address: 5534 Botanical Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 26 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: New St Peter's Cem

18. (a) Signature of funeral director: Tony Calcaterra

(b) Address: 5142 Daggett ave

19. (a) DEC 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1945 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage and Shock following compound fracture right leg due to large rock fall from roof of underground clay mine in which he was working for the Decorative Chemical Clay Products Company at Hampton and Chippewa Aves St Louis

Duration

Other conditions: (Include pregnancy within 3 months of death) Dec 20 1945

Major findings:

Of operations: 0

Of autopsy: 0

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): Accident

(b) Date of occurrence: Dec 20 1945

(c) Where did injury occur? St Louis Co (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work (Specify type of place)

While at work? (e) Means of injury: as above

23. Signature: [illegible] (M. D. or other)

Address: City Date signed: 12/20/45

(Licensed Embalmer's Statement on Reverse Side)

14353

14353

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 Paul C Calcaterra

Licensed Embalmer No. 2376

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.