No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV #6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35519

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9254

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. Louis City Hospital-Max C. Starkloff
(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)

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. 1817 Marconi
Memorial (If rural, give location)

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

If yes, name country

1317
9
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3. (a) PRINT FULL NAME JOSEPH PURICELLI

3. (b) If veteran, name war No

3. (c) Social Security No. 486-16-8192

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Josephine Marnate

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

7. Birth date of deceased Aug 29 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days ~~30~~ 29 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Emanuel Puricelli
13. Birthplace Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. Puricelli
(b) Address 1817 Marconi St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 31 1946
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5142 Daggett

19. (a) OCT 29 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th year 1946 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from 10/12/46, 19 , to Oct. 28th, 1946 that I last saw him alive on Oct. 28th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 124

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 1515 Lafayette 10/28/46 (Month or other)

Address Date signed

(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.....

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.