

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2151**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 276 **PRIMARY REG. DIST. NO.** 5947 **Registrar's No.** 5

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Phelps</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>	
b. CITY OR TOWN <u>Rural St James Township</u>		c. CITY OR TOWN <u>Rural Township</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles East of St James</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Anunziata Brunetti</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2-3-1949</u>
a. (First)	b. (Middle)	c. (Last)	
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Oct 20-1862</u>
<b>9. AGE</b> (In years last birthday) <u>86</u>		<b>IF UNDER 1 YEAR</b> Months <u>3</u> Days <u>13</u>	<b>IF UNDER 1 HR.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Italy</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>		<b>13. FATHER'S NAME</b> <u>Pio Magato</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Dora Knowl</u>		<b>13c. NAME OF HUSBAND OR WIFE</b> <u>Pompeo Brunetti</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NO</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Paul Marchi</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension (Cardiovascular)</u> DUE TO (c) <u>(Vascular)</u>	
<b>18. CAUSE OF DEATH</b> (continued)		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 days</u>  <u>9 months</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>3 3 1 1</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from January 4, 1949, to Feb. 3, 1949, that I last saw the deceased alive on Jan. 29, 1949, and that death occurred at 6:30 P. m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>C. V. Hammaker, M.D.</u>		<b>23b. ADDRESS</b> <u>St. James, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>2-1-49</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-4-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Peter &amp; Paul</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>Feb. 5, 49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Corne E. Birmingham</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ouellet Lickley</u>
		<b>ADDRESS</b> <u>St. James Mo</u>	

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

8123

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 2-14-49

**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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Orval E. Lickliker*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3546*

P. O. Address *St James 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.