

FILED NOV 24 1950

## STANDARD CERTIFICATE OF DEATH

38938  
State File No. 3706

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY _____					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>5137 Daggett Ave</u>		d. STREET ADDRESS (If rural, give location) <u>St Louis mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5137 Daggett</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERGINIA</u>			b. (Middle) <u>PURICELLI</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13 1950</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>about 64</u>		9. AGE (In years in birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Italy 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Anthony Spiega</u>			13b. MOTHER'S MAIDEN NAME <u>Marina Carnaghi</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Puricelli</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Puricelli St Louis</u>				
18. CAUSE OF DEATH 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastases of Carcinoma of Breast</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 1/2 Months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Breast</u> <u>8 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>1-9-42</u>		19b. MAJOR FINDINGS OF OPERATION <u>Radical - scirrhous type of carcinoma of Breast</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170K</u>							
22. I hereby certify that I attended the deceased from <u>Jan 2, 1942</u> to <u>Nov. 13, 1950</u> , that I last saw the deceased alive on <u>Nov 13, 1950</u> , and that death occurred at <u>8:10 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles Montani MD</u>				23b. ADDRESS <u>5147 Daggett Ave</u>		23c. DATE SIGNED <u>11-14-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Nov 16 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis mo</u>			
DATE REC'D BY LOCAL REG. <u>NOV 15 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Faraker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaul Calalera</u>		ADDRESS <u>St Louis</u>			

(Licensed Embalmer's Statement on Reverse Side) 5147 Daggett mo

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

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

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.