

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12184**  
Registrar's No. **3291**

FILED APR 4 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2109</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4450 Margaretta</b>		d. STREET ADDRESS (If rural, give location) <b>10 4450 Margaretta 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) <b>Pupillo</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>March 26 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July II 1901</b>
9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
13a. FATHER'S NAME <b>Barthelo Gillardi</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Busacheno</b>	
14. NAME OF HUSBAND OR WIFE <b>Anthony ( Tony ) Pupillo</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anthony ( Tony ) Pupillo</b>	
17. ADDRESS <b>4450 Margaretta</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>	
ANTECEDENT CAUSES Arteriosclerosis, general		<b>5 years</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <b>Chronic arterial nephrosclerosis with uremia</b>		<b>3 years</b>	
DUE TO (c) <b>Essential hypertension</b>		<b>1 year</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremic pericarditis</b>		<b>3 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, Mo.</b>	
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? <b>260X</b>		22. I hereby certify that I attended the deceased from <b>January, 1948</b> , to <b>March 26, 1953</b> , that I last saw the deceased alive on <b>25 March, 1953</b> , and that death occurred at <b>9:00 a. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Joseph Edwards M.D.</b>		23b. ADDRESS <b>3720 Washington Blvd</b>	
23c. DATE SIGNED <b>26 March 1953</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Calvary</b>	
24b. DATE <b>3-30-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bensiek-Niehans</b>	
DATE REC'D BY LOCAL REG. <b>MAR 27 1953</b>		ADDRESS <b>1431 Union Blvd.</b>	

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Wm Bentley* \_\_\_\_\_

Licensed Embalmer No. *3653* \_\_\_\_\_

P. O. Address *St Louis 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.