

REC'D AUG 11 1939 791
Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks
(Specify whether _____)
In this community _____
years, months or days 2 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis [13]
(If outside city or town limits, write "RURAL")
(d) Street No. 5714 Shaw Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Dominico Puggerolo
3. (b) If veteran, name war none
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 20th
year 1939 hour 1 minute P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced mar
6. (b) Name of husband or wife Louisa
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan 7 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 26, 1939, to July 20, 1939; that I last saw him alive on July 20, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 6 Days 13
If less than one day _____ hr. _____ min.

Immediate cause of death
Diabetes Mellitus
Septic moist gangrene
Due to of st. leg. 5 weeks
Duration _____ year.

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

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation City laborer
11. Industry or business _____
12. Name Charles Puggerolo
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Angelina Maddaloni
15. Birthplace Italy
(City, town, or county) (State or foreign country)

Major findings:
Of operations Septic Moist gangrene
st. leg. - Amputated above
Knee
7-7-39

16. (a) Informant's own signature Louisa Puggerolo
(b) Address 5714 Shaw Ave
17. (a) burial (b) Date thereof 7-25-39
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation St. Peter's Church
Carl @ Calcutra
18. (a) Signature of funeral director _____
(b) Address 5142 Daggert
19. (a) JUL 21 1939 (b) _____
(Date received local registrar) (Signature)

(Specify type of place) _____
While at work? (e) Means of injury _____
23. Signature Charles Mantani (M. D. or other) MD
Address 1926 A Marconian Date signed _____

WHILE I REMAIN UNDER THE IMPRESSION THAT I AM MAKING A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1951

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 Calcaterra

Licensed Embalmer No.....

2376

P. O. Address.....

5142 Daggett

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, above space should be left blank.