.S. No. 300
Rev. 10-48

FILED SEP 15 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28048

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7552

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (in this place): 14 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4227 W. San Francisco Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 10 2109
d. STREET ADDRESS (If rural, give location): 4227 W. San Francisco Avenue, 15, 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Giuseppa
b. (Middle): (Josephine)
c. (Last): Brucato

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 5th, 1950.

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 5th, 1880 2 1882
**9. AGE** (In years last birthday): 70 68 — IF UNDER 1 YEAR: Months 2, Days 0 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home
**11. BIRTHPLACE** (State or foreign country): Sicily 8
**12. CITIZEN OF WHAT COUNTRY?**: Sicily

**13a. FATHER'S NAME**: Paul F. Ventura
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Francesco Brucato

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Pauline Brucato, 4227 W. San Francisco Ave.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right ovary — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ✓
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death*: Metastases to Lumbar Spine — 6 weeks.

**19a. DATE OF OPERATION**: None
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 175X

22. *I hereby certify that I attended the deceased from* Jan, 1946, *to* Sept. 5th, 1950, *that I last saw the deceased alive on* Sept. 3rd, 1950, *and that death occurred at* 3:40 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Edwin J. Froehlich MD
**23b. ADDRESS**: 3635 Nr. Ministrar
**23c. DATE SIGNED**: 9/5/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 9/9/50
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

**DATE REC'D BY LOCAL REG.**: SEP 6 1950
**REGISTRAR'S SIGNATURE**: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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## 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 John A. Mlenar

Licensed Embalmer No. 4186

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 28048-50
Local Registrar's No. 7552

# AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears ..... , who, upon ..... oath, states that the original record of birth/death for Josephine Brucato died ~~born~~ 9-5-1950, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read July 2 1882
Instead of 1880

Item No. 9 should read Age 68
Instead of 70

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John A. Mlinar Per.- Calvin F. Fentz. Fun. Dir
Relationship.

4828 Nat. Bridge
Present Address.

Subscribed and sworn to before me this 15 day of Sept, 1950

My Commission expires 3-4-53 Eva C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
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