

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28573

FILED AUG 23 1950

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State File No. ....

6846

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>37 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2545 N. Market St.</u>				4. STREET ADDRESS (If rural, give location) <u>2545 N. Market St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Gasper Puppillo also known As Gaspare Puppillo</u>		a. (First) _____		b. (Middle) _____		c. (Last) _____	
4. DATE OF DEATH <u>August 11, 1950</u>		(Month) _____ (Day) _____ (Year) _____					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9, 1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Macaroni Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Viviano Bros.</u>		11. BIRTHPLACE (State or foreign country) <u>Italy 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Anthony Puppillo</u>		13b. MOTHER'S MAIDEN NAME <u>Antonina Cusumano</u>		14. NAME OF HUSBAND OR WIFE <u>Marie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-05-1620</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Puppillo, 2545 N. Market St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma sigmoid with metastasis to abdominal liver.</u> ANTECEDENT CAUSE _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>	
19a. DATE OF OPERATION <u>8-23-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma sigmoid with metastases to abdominal and liver.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>		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) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>7-28</u> , 19 <u>49</u> , to <u>8-11</u> , 19 <u>50</u> that I last saw the deceased alive on <u>8-10</u> , 19 <u>50</u> , and that death occurred at <u>10:00am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James A. Forster M.D.</u>				23b. ADDRESS <u>3903 Olive St</u>		23c. DATE SIGNED <u>8-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL <u>AUG 12 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Larson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bensiek-Niehaus, 1431 N. Union Blvd.</u>			

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

*mil*

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Robert M Murray*

Signed.....

Student Embalmer

Licensed Embalmer No. *3749*

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.