

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5965**
Registrar's No. **1626**

FILED MAR 8 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN St. Louis	
3. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Ben b. (Middle) FARO c. (Last) Brigulio		4. DATE OF DEATH (Month) (Day) (Year) 2-18-54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-26-1884
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN	11. BIRTHPLACE (City and State or Foreign Country) Italy
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY Italy	
13a. FATHER'S NAME Beneditto Brigulio		13b. MOTHER'S MAIDEN NAME ANNA Biondo	
14. NAME OF HUSBAND OR WIFE Fannie Brigulio		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 491-34-9539		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fannie Brigulio 3009 Geyer	
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* (a) Carcinoma of Pancreas INTERVAL BETWEEN ONSET AND DEATH few 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. Obstruction of Common Bile Duct	
19a. DATE OF OPERATION Feb 5, 10, 1954		19b. MAJOR FINDINGS OF OPERATION Carc. Pancreas with Metastases, Obstructed Bile Duct	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	
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		157X	
22. I hereby certify that I attended the deceased from Jan. 10, 1954 , to Feb. 18, 1954 , that I last saw the deceased alive on Feb. 17, 1954 , and that death occurred at 7:50 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE: E. Lawrence Keyes (Degree or title) MD		23b. ADDRESS 4952 Maryland (8)	
23c. DATE SIGNED Feb. 18, 1954		24. LOCATION (City, town, or county): (State) ST. LOUIS, MO	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/22/54	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county): (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. FEB 19 1954		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Earl Smith, M.D. P. Micali & Sons 1150 N. Kingshi. way	

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.....
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No..... *35*

P. O. Address..... *M. Lou*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.