

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAR 26 1928

1. PLACE OF DEATH

County..... St. Louis
Township..... Carondelet
City..... Koch, Mo. (No.....)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. 6285
Registered No. 63
.....St.Ward)

2. FULL NAME Cusmano, Alex.

(a) Residence, No. 1828 O'Fallon St., s. s. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mary Cusmano

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>28</u>	<u>7</u>	<u>24</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nil
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Italy
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frank Cusmano
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Annie Patrica
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital records
(Address) Koch Mo.

15. FILED Feb 22 1928 L. C. Obrock M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 19 28

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20th 1928 to Feb. 22 1928 that I last saw him alive on Feb. 22 1928 and that death occurred, on the date stated above, at 6:35 A.M. m.

23A THE CAUSE OF DEATH* WAS AS FOLLOWS:
25 Pulmonary Tuberculosis

About 31 (duration) 1 yrs. 6 mos. 0 da.
CONTRIBUTORY questionable Gastro-Intestinal
(SECONDARY)
Recent (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum
(Signed) R. R. Ehrlich M.D.
, 19 (Address) Koch Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cathooy Cem. DATE OF BURIAL Feb 25 1928

20. UNDERTAKER Bensink-Michaux Co. ADDRESS H. Lane

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.

