

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

Do not use this space.

OCT 23 1935

31029

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Francis Mo. (No....., Hospitatorium St..... Ward.....)

**791
1003**

File No..... **7824**

Registered No.....

2. FULL NAME

John Cusumano
(a) Residence, No. 3403 Clippara St., 16 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Manning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. street dept

10. Date deceased last worked at this occupation (month and year) about 1930 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terracini Italy

13. NAME Salvatore Cusumano

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy

15. MAIDEN NAME Rossina Rondozzo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy

17. INFORMANT Harry C. Allen M.D. (ADDRESS) 5301 Arsonal

18. BURIAL, CREMATION, OR REMOVAL PLACE labary DATE Sept 18 1935

19. UNDERTAKER Bernard Michung (ADDRESS) 1138 24th St.

20. FILED SEP 17 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1935 to Sept 15 1935

I last saw him alive on Sept 14, 1935 Death is said to have occurred on the date stated above, at 12:55 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis and CHF with Ritis Date of onset 3/25/33

Other contributory causes of importance: Senile dementia 131 3/25/33

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Harry C. Allen, M. D.

(Address) 5301 Arsonal

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

