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.

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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3337

Registered No. 357

**1. PLACE OF DEATH**

County .....

Township .....

City ..... (No. ..... DePaul Hospital. ..... St. ..... Ward)

**2. FULL NAME** Graziano Cusumano.

(a) Residence, No. 1412 N.19th St. St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillipa Cusumano.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6. 1853

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 83 | 9 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 262

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

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME Frank Cusumano.

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

MOTHER

15. MAIDEN NAME Antonia Palazzola.

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

17. INFORMANT Mrs. Phillipa Cusumano.
(ADDRESS) 1412 N. 19th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Jan. 11. 37

19. UNDERTAKER Bennett Niehaus
(ADDRESS) 1138 So. 6th St.

20. FILED JAN 9 1937 J. J. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936, to Jan 7, 1937

I last saw him alive on Jan 7, 1937. Death is said to have occurred on the date stated above, at 12.30 p.m.

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

| | Date of onset |
|---|---|
| Chronic Myocarditis | 5 yrs. |

Other contributory causes of importance:

| | |
|---|---|
| Hypertrophic Prostate | 3 mos. |
| Urinary Retention | 3 mos. |

Name of operation none 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) Albert J. Motzel, M. D.

(Address) 2743 Gravois Blvd