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

NOV 15 1937

Do not use this space. 35643

1. PLACE OF DEATH

County .... Registration District No. 791 2/1

Township .... Primary Registration District No. 1003

File No. .... Registered No. 9220

City St Louis, Mo (No. 5104 Pattison Ave St. .... Ward)

2. FULL NAME Giusseppi Macaluso

(a) Residence, No. 5104 Pattison Ave St., 13 Ward. (Usual place of abode) (If nonresident, give city or town and State)

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 Josephine Macaluso

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 18, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	~~60~~ 67	6	14	

OCCUPATION

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

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

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

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

FATHER

13. NAME John Macaluso

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

MOTHER

15. MAIDEN NAME Frances (unknown)

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

17. INFORMANT Mrs Josephine Macaluso
(ADDRESS) 5104 Pattison ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ss Peter & Paul DATE Oct 4, 1937

19. UNDERTAKER Paul G Calcaterra
(ADDRESS) 5142 Daggett ave

20. FILED OCT 1 1937 J Bruleck Registrar.

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/30/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....

I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 4:17 P.M.

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

Gun shot wound, in right temple, self inflicted at his home, 5104 Pattison Ave., Sept. 30, 1937, time unknown, while suffering from temporary mental aberration.

Other contributory causes of importance: 161

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

What test confirmed diagnosis? .... Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/30/, 1937

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury See Above

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify "

(Signed) Joseph M. Quinn, M. D.

(Address) Deputy Coroner