

Registration District No. 791
1000 Primary Registration District No. CD NOV 13 1939

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days)

USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 36
(d) Street No. 1815 N. 17th St.
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Cusumano, Baby
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 21,
year 1939 hour 10:25 minute P. M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 3 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 3, 1939 to October 21, 1939
that I last saw h AR alive on October 21, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 19 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Bacillary Dysentery
Due to Flexner Group
Due to _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 5 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Infant

MOTHER FATHER
11. Industry or business _____
12. Name Anthony Cusumano
13. Birthplace St. Louis Mo.
14. Maiden name Charlotte Mars
15. Birthplace Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Anthony Cusumano
(b) Address 1815 N. 17th St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof Oct 23 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem

While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director By [Signature]
(b) Address 1417 N. Market St.
19. (a) OCT 23 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M.D. or other)
Address 1515 Lafayette, 10/23/39
Date signed

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE 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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Harner L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis av

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 this body is not embalmed, above space should be left blank.