

No. 2  
4-13-40  
5-17-39  
K23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12768**  
Registrar's No. **3198**

FILED MAY 13 1941

791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Baptists Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Days (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Sam Caruso

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-01-9438

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Caruso 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March 23 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 0 19 hr. min.

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

10. Usual occupation Movie Picture Operator

11. Industry or business Janet Theatre

MOTHER FATHER { 12. Name Benardo Caruso  
13. Birthplace Altofonde Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Vincenza Caracci  
15. Birthplace Termini Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Caruso  
(b) Address 1101 Art Hill Pl

17. (a) Burial (b) Date thereof 4-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director P. Nicoli-Son  
(b) Address 1150 N. Kingshighway

19. (a) APR 13 1941 (b) J. F. Budek  
(Recorder's local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County 17  
(c) City or town St. Louis 97  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5657 Park Lane  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11  
year 1941 hour 1:55 minute A M.

21. I hereby certify that I attended the deceased from 4/2/41  
\_\_\_\_\_, 19\_\_\_\_, to 4/11/41, 19\_\_\_\_;  
that I last saw him alive on 4/11/41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia due to 2 days  
acute glomerular  
nephritis 1 wk.  
Due to streptococcal 10 day?  
infection of throat  
Due to non diphtheritic

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 115

Major findings: \_\_\_\_\_  
Of operations None PHYSICIAN \_\_\_\_\_  
Of autopsy no 115a  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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?

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

23. Signature Ch. Caruso M.D. or other \_\_\_\_\_  
Address 5346 Olive Date signed 4/11/41

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 and

Anthony J. Miceli

, Registered Apprentice No. 276

working under my personal supervision.

Signed

Arnold W. Scherer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**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, fact should be so stated above.**