

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

1003

5907

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

079

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Baptiste Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Hours  
(Specify whether  
In this community 31 years 0 years, months or days)

3. (a) PRINT FULL NAME Vincenza Cusumano

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Stefano Cusumano 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased May 6, 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 9 If less than one day  
hr. min.

9. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Pietro Gentile  
13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Paola Gandolfi  
15. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Stefano Cusumano  
(b) Address 1400 N. 8th St.

17. (a) Burial (b) Date thereof July 19, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial Calvary Cemetery

18. (a) Signature of physician Robert Thacker  
(b) Address 1451 Union Blvd.

19. (a) JUL 18 1941 (b) J. F. Bridget  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1400 N. 8th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 31 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1941 hour 11 minute 15 a.m.

21. I hereby certify that I attended the deceased from Feb 1, 1941, to July 15, 1941;  
that I last saw her alive on July 15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 hrs  
Due to Hypertension (Malignant) 6 mo

Due to Heart  
Other conditions Heart  
(Include pregnancy within 3 months of death)

Major findings: Heart  
Of operations  
Of autopsy  
PHYSICIAN  
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)  
(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 J. F. Bridget (M. D. or other)  
Address Humboldt Blvd Date signed

*March 1919*

**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 *[Signature]*  
Licensed Embalmer No. *3880*

P. O. Address.....

**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.**