

FILED-DEC 22 1943

318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No. 10704

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 Baptiste Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2** days
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....
(c) City or town..... **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1912 Cass Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Anthony Macaluso.

3. (b) If veteran, name war.....
3. (c) Social Security No. **487-22-8418**

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

6. (b) Name of husband or wife **Sarah**
6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **April 15, 1908**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 7 19 hr. min.

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

10. Usual occupation **Laborer.**

11. Industry or business **Railway Express Co.**

12. Name **Salvatore Macaluso.**

13. Birthplace **Italy**
(City, town, or county) (State or foreign country)

14. Maiden name **Agatha Spavale.**

15. Birthplace **Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sarah Macaluso**

(b) Address **1912 Cass Ave.**

17. (a) Burial (b) Date thereof **Dec. 7, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bonsuet Richards**

(b) Address **1131 Union Blvd.**

19. (a) **DEC 6 1943** (b) **J. F. Bredesch**
(Date recorded and local registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4** year **1943** hour **4** minute **0** M.,
P.

21. I hereby certify that I attended the deceased from **Dec 2**
1943 to **Dec 4**, 19**43**
that I last saw him alive on **Dec 3**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Granulocytic leukemia 3 days**
(Virus type)

Due to **Dr verified type as influenza**

Due to **Heart 2/2**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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 **Carroll Snyder** (M. D. or other)
Address **705 Cass St** Date signed **12/4/43**

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

MOTHER FATHER

Printed Name of Deceased
Date of Death

Handwritten notes and scribbles on the left side of the page.

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 *Frank Jackson*

Licensed Embalmer No. *2915*

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.