

FILED JAN 17 1947 ²¹⁸

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: 2607 Slattery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 2607 Slattery
(If rural, give location) 209
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Giuseppe (Joe) Cusumano

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Antonia 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 14 _____ hr. _____ min.

9. Birthplace Campobello di Mazzara Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Vito Cusumano

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

14. Maiden name Rose Barbera

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

16. (a) Informant Rose Cusumano

(b) Address 5617 Lilliam

17. (a) Burial (b) Date thereof Jan. 7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway

19. (a) JAN 6 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1947 hour 6 AM minute _____ M.

21. I hereby certify that I attended the deceased from April 28 1947 to Oct 10 1946 that I last saw him alive on Oct 10-1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Disease Duration 6 mo.
Myocardial Damage 6 mo.
Arteriosclerosis

Due to _____
Due to _____
Other conditions: Generalized Arteriosclerosis years
(Include pregnancy within 3 months of death)

Major findings: 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 U

23. Signature R. A. Mezera (M. D. or other) Address 539 N. Grand Date signed 1/4/47

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 *Philip A Miceli*
Licensed Embalmer No. *4427*
P. O. Address *St Louis*

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.