

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC AFFAIRS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15521

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2761**

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:
1627 Semple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1627 Semple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CLAUDIO PELUSO
3. (b) If veteran, name war NONE
3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EVELIA PELUSO
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January 25 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 13 hr. min.

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

10. Usual occupation SHOE WORKER

11. Industry or business MILLIUS SHOE CO.

12. Name SAVERIO PELUSO

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

14. Maiden name HELEN NACARATA

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

16. (a) Informant Evelia PELUSO

(b) Address 1630a Franklin Ave.

17. (a) Burial (b) Date thereof April 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bensick Nichols

(b) Address 1431 Union Blvd.

19. (a) APR 9 1947 (b) J. F. Bredeek
(Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 15th to April 4th, 1947
that I last saw alive on April 6th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration two yrs

Due to Malignant tumor

Due to.....

Other conditions (Include pregnancy within 3 months of death) H/O

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature J. F. Bredeek (M. D. or other)

Address 1916 A m Grand Date signed 4-8-47

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

MOTHER FATHER

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 H. Stehens

Licensed Embalmer No. 2915

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.