

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42576**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10663**

1. PLACE OF DEATH a. COUNTY <b>1</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1813 NO. MARKET. ST</b>		d. STREET ADDRESS (If rural, give location) <b>1813 NO. MARKET. ST.</b>	

3. NAME OF DECEASED (Type or Print) **JOSEPH** a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) **MANCUSO**

4. DATE OF DEATH (Month) (Day) (Year) **12 - 13 - 1950**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **FEB. 24<sup>TH</sup> 1879** 9. AGE (In years last birthday) **71** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 WEEK Hours \_\_\_\_\_ Mins \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED-RETAIL-GROGER** 10b. KIND OF BUSINESS OR INDUSTRY **OWN-GROCERY**

11. BIRTHPLACE (State or foreign country) **ITALY** 12. CITIZEN OF WHAT COUNTRY? **ITALY**

13a. FATHER'S NAME **DAMINO - MANCUSO** 13b. MOTHER'S MAIDEN NAME **GIUSEPPA - STELLINI** 14. NAME OF HUSBAND OR WIFE **VINGENZINA - MANCUSO**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO.** (If yes, give war or dates of service) **NONE** 16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME **San Mancuso** ADDRESS **8727 Pasteria**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Arteria sclerotica Head Disease** INTERVAL BETWEEN ONSET AND DEATH **10 yrs**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **Tabes Dorsalis**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **(HOMICIDE)** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **H-200**

22. I hereby certify that I attended the deceased from **Jan**, 19**48**, to **Dec 13**, 19**50**, that I last saw the deceased alive on **Dec**, 19**50**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Arnold E. Kulker** (Degree or title) **M.D.** 23b. ADDRESS **3121 N. Grand** 23c. DATE SIGNED **12/14/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **DEC. 16<sup>TH</sup> 1950** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS, MO.**

DATE REC'D BY LOCAL REG. **DEC 14 1950** REGISTRAR'S SIGNATURE **J. B. Lasater** 25. FUNERAL DIRECTOR'S SIGNATURE **Brockland Und. Co.** ADDRESS **1827 Hogan St.**

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 4699.....

P. O. Address [Signature].....

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.