

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24967**
Registrar's No. **6649**

FILED AUG 7 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY **1**

2. USUAL RESIDENCE of decedent lived. If institution: residence before admission.
a. STATE **Mo.**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2129**

d. FULL NAME OF HOSPITAL OR INSTITUTION **5094 Page Blvd.**

d. STREET ADDRESS (If rural, give location) **5079 Maple Ave.** **0**

3. NAME OF DECEASED
a. (First) **Joseph**
b. (Middle) _____
c. (Last) **Macaluso**

4. DATE OF DEATH (Month) (Day) (Year) **July-23-1951**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **August 23, 1893**

9. AGE (In years last birthday) **57**
IF UNDER 1 YEAR: Months **11**
IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk**

10b. KIND OF BUSINESS OR INDUSTRY **Sansone Grocery**

11. BIRTHPLACE (State or foreign country) **Italy** **5**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Micheli Macaluso**

13b. MOTHER'S MAIDEN NAME **Antonina Fontana**

14. NAME OF HUSBAND OR WIFE **Esther Macaluso**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. **498-07-4919**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Esther Macaluso 5079 Maple Ave.**

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Myocardial Infarction**

INTERVAL BETWEEN ONSET AND DEATH **10 mts.**

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Acute Coronary Occlusion** **10 mts.**

DUE TO (c) **Generalized atherosclerosis** **many years**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

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) (Min.) _____

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 **May 6, 1950**, to **July 23, 1951**, that I last saw the deceased alive on **July 22, 1951**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Joseph Macaluso M.D.**

23b. ADDRESS **520 W. 12th St.**

23c. DATE SIGNED **7-24-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **July 26-1951**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **J. B. Larata**

REGISTRAR'S SIGNATURE _____

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wm. St. Martin 1225 Union**

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Clement McQuay

Licensed Embalmer No. 3772

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.