

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11425

State File No.

No. 300
10.48

FILED MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2866**

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

2. USUAL RESIDENCE (Where deceased 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. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2209**

d. FULL NAME OF HOSPITAL OR INSTITUTION **2712 No 21st ST. 20** d. STREET ADDRESS (If rural, give location) **2712 No. 21st St.**

3. NAME OF DECEASED a. (First) **Vito** b. (Middle) **Cusumano** c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) **Mar. 13, 1953**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married** **8. DATE OF BIRTH** **July 27, 1989** **9. AGE (In years last birthday)** **63** **IF UNDER 1 YEAR** **IF UNDER 1 HR.** **IF UNDER 1 MIN.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired** **10b. KIND OF BUSINESS OR INDUSTRY** **Produce** **11. BIRTHPLACE** (City and State or Foreign Country) **Terasini Italy** **12. CITIZEN OF WHAT COUNTRY?** **Italy**

13a. FATHER'S NAME **Graziano Cusumano** **13b. MOTHER'S MAIDEN NAME** **Filippa LaFata** **14. NAME OF HUSBAND OR WIFE** **Girolama Cusumano**

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.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Girolama Cusumano** **ADDRESS** **2712 No. 21st!**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Heart failure**

DUE TO (c) **Cerebral arteriosclerosis**

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

INTERVAL BETWEEN ONSET AND 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) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** **4200**

22. I hereby certify that I attended the deceased from **12/30** **1950**, to **3/13** **1953**, that I last saw the deceased alive on **3/9** **1953**, and that death occurred at **7:45 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **S. J. Cipriani M.D.** **23b. ADDRESS** **1907 Madison St** **23c. DATE SIGNED** **3/16/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Mar. 17, 1953** **24c. NAME OF CEMETERY OR CREMATORY** **Calvary Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **MAR 16 1953** **REGISTRAR'S SIGNATURE** **J. Carl Smith M.D. K.P.** **25. FUNERAL DIRECTOR'S SIGNATURE** **P. Miceli** **ADDRESS** **1150 No. Kingshighway**

(Licensed Embalmer's Statement on Reverse Side)

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

D. Gibbons
1901 Madison
12-4

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.....

Fred J. Tanner

Licensed Embalmer No. *4788*

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.