

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41014**  
Registrar's No. **10910**

FILED NOV 27 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bronounced dead City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>812 N. 9th St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>J.</b> c. (Last) <b>Pusateri</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14. 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>ab. 59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Heel Maker</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
13a. FATHER'S NAME <b>Antonino Pusateri</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Marie, unknown</b>	14. NAME OF HUSBAND OR WIFE <b>divorced</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War One</b>		16. SOCIAL SECURITY NO. <b>497-10-3477</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry Pusateri 812 N. 9th</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fr. of skull; Brain Injury, suffered when decedent fell as jumped from sidewalk to ground below an Hadley St., located on Delmar and Franklin Ave., about 240 pm Nov. 11th</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>55. A tetra accidental</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Suicidal could not be determined</b>	
21a. ACCIDENT, SUICIDE, HOMICIDE <b>Verdict</b>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>F9025</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:20 p.m.</b> , from the causes and on the date stated above. <b>45</b>			
23a. SIGNATURE <b>Patrick J. Taylor, Coroner</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>11.17.53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Nov 19 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carl Smith &amp; Benson, Nicholas 1431 Union Blvd</b>	
DATE REC'D BY LOCAL REG. <b>NOV 17 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

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

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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, ~~as by~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edwin R. Remelius* .....

Licensed Embalmer No. *4283* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.