

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **24579**
6448
Registrar's No.

FILED JUL 20 1956

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis 2019	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Union Brothers 1 wd		d. STREET ADDRESS (If outside, give location) 601 Pennsylv	
3. NAME OF DECEASED (Type or print) First Joseph Middle J. Last Caruso		4. DATE OF DEATH Month 7 Day 7 Year 56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/16/1922
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		9b. KIND OF BUSINESS OR INDUSTRY B-1 Soda Co.	9c. AGE (In years last birthday) 34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday)
11. BIRTHPLACE (City and state or country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Dominic Caruso		14. MOTHER'S MAIDEN NAME Amelia Espisto	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 065-12-6760	
17. INFORMANT Mrs. M. Caruso		Address 601 Pennsylv	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myelogenous Leukemia DUE TO (b) _____ DUE TO (c) 204.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		COUNTY STATE	
21. I attended the deceased from Jan 1954 to 7/7/56 and last saw her alive on 7/7/56 Death occurred at 9:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE K. Ameyera M.D. (Degree or title)		22b. ADDRESS 539 N. Grand	
22c. DATE SIGNED 7/9/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/11/56	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town or county) (State) Jefferson Barracks Mo.	
24. FUNERAL DIRECTOR Jos. A. Howard ADDRESS 1619 So. Grand		25. DATE RECD. BY LOCAL REG. JUL 10 1956 REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, or other person authorized to issue this certificate must be present. No symptoms were observed. Cause of death due to natural causes. Diseases in Part I must be casually related. Certifier cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

m. J. B.

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.....
Signature of Student Embalmer

Signed *Joe A. Howard*.....
Licensed Embalmer No. *41*.....

P. O. Address *ST Lou.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.