

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042130

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11157

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Festus Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 23 St. Johns Hospital		Length of stay in lb 1 day		d. STREET ADDRESS (If outside, give location) Rt. # 3 29	
3. NAME OF DECEASED (Type or print) First Middle Last Vincent William Pusateri			4. DATE OF DEATH Month Day Year Nov. 18 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1890	9. AGE (In years less birthday) 68	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Grocer (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Anthony Pusateri		13b. MOTHER'S MAIDEN NAME Rosalie Masqueri	
14. NAME OF HUSBAND OR WIFE Frances Matrieci		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 498-34-6139	
17. INFORMANT MRS. Gloria P. Moore, Festus, Rt. # 2, Mo.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio sclerotic heart dis</u> DUE TO (c) <u>420.0</u>					INTERVAL BETWEEN ONSET AND DEATH <u>22 hours</u> <u>1 year.</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <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 COUNTY STATE	
21. I attended the deceased from <u>April 1958</u> to <u>Nov 18-58</u> and last saw him alive on <u>Nov. 18-58</u> Death occurred at <u>12:34 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John Hammond M.D.</u>		(Degree or title)		22b. ADDRESS <u>634 N. Grand</u>	
22c. DATE SIGNED <u>11/19/58</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify Entombment)		23b. DATE Nov. 20, 1958		23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Gardens	
23d. LOCATION (City, town, or county) (State) Crystal City, Mo.					
24. FUNERAL DIRECTOR Vinyard Funeral Homes, Festus, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. NOV 1958	
26. REGISTRAR'S SIGNATURE <u>Earl Smith MO</u> mjb					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 8 1959

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 W. B. Vinson

Licensed Embalmer No. 4976

P. O. Address Feather, T.

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.