

MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

-62-007869

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED MAR 7 1962 218 Primary Registration District No. 1003 Registrar's No. 2472 STATE FILE NUMBER

AMENDED

SI-23-28 XC-14 806 811

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 63 DAYS	c. CITY OR TOWN WAYNESVILLE
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. #1
3. NAME OF DECEASED (Type or print)		First LOUIS Middle CARUSO Last	4. DATE OF DEATH Month 3 Day 1 Year 62

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 7/31/26	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) APPLIANCE MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME FRANK CARUSO		13b. MOTHER'S MAIDEN NAME JOSEPHINE ROMANO		14. NAME OF HUSBAND OR WIFE ELLA CARUSO		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II & KOREAN	16. SOCIAL SECURITY NO.	17. INFORMANT MRS. ELLA CARUSO (WIDOW) SEE #2
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) MULTIPLE PULMONARY EMBOLI		
DUE TO (b) CONGESTIVE HEART FAILURE		
DUE TO (c) RHEUMATIC HEART DISEASE WITH MITRAL VALVULITIS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 12/28/61 to 3/1/62 and last saw him alive on 3/1/62 Death occurred at 10:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE WERNER F. BARTH (Free or title) Werner F. Barth	22b. ADDRESS M.D. VAH, ST. LOUIS, MO.	22c. DATE SIGNED 3/1/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/5/62	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI
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24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NAT'L BRIDGE	25. DATE RECD. BY LOCAL REG. MAR 3 1962	26. REGISTRAR'S SIGNATURE Earl Smith M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 M W R meter

Licensed Embalmer No. 4865

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.