REC'D JAN 11 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

591

40696
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 10388

(c) or City St. Louis (d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 12150

2. PRINT FULL NAME 236 Anthony Pusateri

(a) Residence, No. 4006 Russell St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1907

7. AGE: YEARS 31 MONTHS 6 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpet Layer
9. Industry or business in which work was done, as saw mill, bank, etc. Stix Baer Fuller
10. Date deceased last worked at this occupation (month and year) Nov. 4, 1938
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Massachusetts

FATHER
13. NAME Michael Pusateri
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scicily Italy

MOTHER
15. MAIDEN NAME Theresa Palmisano
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scicily Italy

17. INFORMANT (ADDRESS) Joseph Pusateri 4006 Russel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec. 2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. Miceli & Son 1150 No. Kingshighway

20. FILED DEC 1 1938 19 J. F. Budeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/19/38, 19 to 11/30/38, 19
I last saw him alive on 11/30/38, 19 Death is said to have occurred on the date stated above, at 4.30 a m.
The principal cause of death and related causes of importance were as follows:

Probable Status
Epilepticus
Probable Brain Tumor
Malignancy undetermined

Date of onset

Other contributory causes of importance:

55 a

Name of operation None Date of
What test confirmed diagnosis? Cl. Hist. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X16605

## 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 .....

..... [illegible] ....., Registered Apprentice No. [illegible]

working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**