

REC'D JAN 11 1938

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

40918
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **ST. LOUIS** (d) Street No. **1517 N. 18th Street** St. **10610**
(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 **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **30** yrs. mos. ds.

2. PRINT FULL NAME **VITTORIA CUSHMANO**

(a) Residence, No. **1517 N. 18th Street** St. **26**
(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 **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **PAUL CUSHMANO**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN 16 - 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 10 22

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TERASIH I ITALY**

FATHER 13. NAME **JOSEPH SALVAGGIO**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ITALY**

MOTHER 15. MAIDEN NAME **PRODEZIA ALZANA**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ITALY**

17. INFORMANT (ADDRESS) **Paul Cushmano 1517 No. 18th Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEM.** DATE **DEC 12 1938**

19. FUNERAL DIRECTOR (ADDRESS) **L. B. Tanner 6107 Natural Bridge Rd**

20. FILED **DEC 9 1938 J. P. Redick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 8 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 7 1938**, to **Dec 8 1938**. I last saw her alive on **Dec 7 1938**. Death is said to have occurred on the date stated above, at **6:30 a.m.**

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset **12/7/38**

Other contributory causes of importance:

Myocardial insufficiency
auricular fibrillation

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify **H. F. Bergman**, M. D.
(Signed) **H. F. Bergman**
(Address) **3720 Washington**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Jay Wilkerson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Jay Wilkerson

Licensed Embalmer No. 3575

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.)