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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 215

Registration District No. 318 Primary Registration District No. 1006 Registrar's No. 296

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community 40 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1542 North 19th St.
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy 0

3. (a) PRINT FULL NAME Francesco Paolo Cusumano

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Petrina

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 15 (Day) 1875 (Year)

8. AGE: Years 68 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Fruit Market

11. Industry or business

FATHER
12. Name Francesco Cusumano
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Antonia Palazzolo
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Frank Cusumano
(b) Address 5189 Cates av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicoli-Sons.
(b) Address 1150 N. Kingshighway Blvd.

19. (a) JAN 11 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-24, 1943 to 1-9-, 1944
that I last saw him alive on 1-8-, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon (Chapter fluid) - causing bowel obstruction

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations As above

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury?

23. Signature S. T. Safrey (M. D. or other) MD
Address 6651 Enright Date signed 1-10-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.