V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26524

Registration District No. 318

Primary Registration District No.

Registrar's No. 6894

12/4

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

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: 2334 S. 13th St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 070

(a) State Missouri (b) County 17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2336 S. 13th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Salvatore David Pusateri.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 13. 1935
(Month) (Day) (Year)

8. AGE: Years 9 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student.

11. Industry or business St. Agnes School.

FATHER
12. Name Philip Pusateri.
13. Birthplace St. Louis, Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fay Schultz
15. Birthplace Shelbina, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Philip Pusateri
(b) Address 1023 Oakview Place.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9. 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Russell Niehaus
(b) Address 1431 Union Blvd.

19. (a) AUG 7 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1944 hour 5 minute 5 0 M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage from Gun Shot wound at Liver Inflicted at the Hands of one

Due to Clarence Byers when the Safety Catch failed to work

Due to While Playing in the Home at 2334 So 13th St

Other conditions around 5 pm 8-5-44
(Include pregnancy within 3 months of death)

Major findings:
Of operations 184 0
Of autopsy 3 1 7

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) Accident
(b) Date of occurrence 8-5-44 000
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F Callanan (M.D. or other)
Address Deputy Coroner Date signed 8-7-44

(Licensed Embalmer's Statement on Reverse Side)

Coroners Officer

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.....

Licensed Embalmer No. 29 P.S.

P. O. Address.....

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.