

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7466**

FILED FEB 26 1953

|   |                               |   |   |  |
|---|-------------------------------|---|---|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <b>318</b>   | PRIMARY REG. DIST. NO. <b>1003</b>  | Registrar's No. <b>1610</b>  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b><br>b. COUNTY _____   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |   |  |
| c. LENGTH OF STAY (in this place) <b>Three Days</b>   |                               | d. STREET ADDRESS (If rural, give location) <b>8657 N. Broadway</b>   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>   |                               |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Paul</b><br>b. (Middle) <b>F.</b><br>c. (Last) <b>Cusumano</b>  |                               | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Feb. 9 1953</b>  |   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH<br>9. AGE (in years last birthday) Months Days Hours Mins.<br><b>Jan. 18, 1889</b> <b>64</b> |  |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Proprietor</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Fruit Market</b>   |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>                            |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |                               |   |   |  |
| 13a. FATHER'S NAME <b>Salvator Cusumano</b>   |                               | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>Mrs Florence Cusumano</b>                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |                               | 16. SOCIAL SECURITY NO. _____   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mr. Sam Cusumano, 2512a Sullivan, Ave.</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                 |                               | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Virus type</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>7 d</b><br>ANTECEDENT CAUSES<br>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |  |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>           |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____                                      |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR? <b>492X</b>   |
| 22. I hereby certify that I attended the deceased from <b>Feb. 7, 1953</b> , to <b>Feb. 9, 1953</b> , that I last saw the deceased alive on <b>Feb. 9, 1953</b> , and that death occurred at <b>2:16 P.m.</b> , from the causes and on the date stated above. |                               |   |   |  |
| 23a. SIGNATURE <b>H. J. Houch MS</b> (Degree or title)  |                               | 23b. ADDRESS <b>8702 Riverview Blvd</b>   |   | 23c. DATE SIGNED <b>2-10-53</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                               | 24b. DATE <b>2-12-53</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>  |
| 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>  |                               |   |   |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>F. Calhoun MS</b>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>  |   |  |

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

**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 .....  
Student Embalmer

Signed H. J. Ramsey

Licensed Embalmer No. 42820

P. O. Address Phoenix, Ariz.

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.