

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44277

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 3104

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Richmond Heights		c. CITY OR TOWN Richmond Heights	
c. LENGTH OF STAY (In this place) 2 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 1010 E. Linden	

3. NAME OF DECEASED (Type or Print)	a. (First) NICHOLAS	b. (Middle) JOSEPH	c. (Last) CARUSO	4. DATE OF DEATH (Month) (Day) (Year) December 30, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1898	9. AGE (In years last birthday) 58	10. UNDER 1 YEAR 3 Months	11. UNDER 1 YEAR 1 Day	12. UNDER 1 MIN. 5 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher	10b. KIND OF BUSINESS OR INDUSTRY Old Vienna Potatoo Chip Co. DUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Caruso	13b. MOTHER'S MAIDEN NAME Leboria Pusitari	14. NAME OF HUSBAND OR WIFE Mary Helen Dutillo Caruso
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-05-0200	17. INFORMANT'S SIGNATURE OR NAME Mary D. Caruso, 1010 E. Linden	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Massive Pulmonary Infarction</i>		All
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Anoxymia secondary to stroke</i> DUE TO (c) <i>Hypertension</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Chronic Arteriosclerosis</i>			All

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Multiple Emboli</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 15, 1945, to Dec. 30, 1956, that I last saw the deceased alive on Dec. 30, 1956, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Harold J. ...</i>	(Degree or title) M. D.	23b. ADDRESS 2816 Sutton	23c. DATE SIGNED Dec. 31, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE January 2, '57	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri
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DATE REC'D BY LOCAL REG. 12-31-56	REGISTRAR'S SIGNATURE <i>Hebece R. ...</i>	5. FUNERAL DIRECTOR'S SIGNATURE <i>Ambruster Mortuary</i>	ADDRESS 6633 Clayton Rd.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 478

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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