

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE

AMENDED

DATE AMENDED 06/29/77

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. #3

SHOULD READ

amended by St. Louis City, MO Circuit Ct. (3/17/74)

4/16/74 mjg

BY AFFIDAVIT OF DOCUMENT

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8403** STATE FILE NUMBER **61-034196**

FILED SEP 21 1961

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A City Hosp.</i>		d. STREET ADDRESS (if outside, give location) <i>5923 Ridge</i>	
3. NAME OF DECEASED (Type or print) <i>Graziano</i> First <i>John</i> Middle <i>a/k/a John</i> Last <i>Cusumano</i>		4. DATE OF DEATH Month <i>Sept</i> Day <i>7</i> Year <i>1961</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Jan 25, 1913</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Produce</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Produce</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
13a. FATHER'S NAME <i>Joseph Cusumano</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		17. INFORMANT <i>Frank Cusumano #36 Lynbrook 31</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary insufficiency</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) <i>420.0</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 mo.</i> <i>2 year</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21. I attended the deceased from <i>January 1960</i> to <i>September 7, 1961</i> and last saw him alive on <i>September 1, 1961</i> . Death occurred at <i>5:00 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John T. Lewton, M.D.</i>		22b. ADDRESS <i>634 N. Grand Blvd.</i>	
22c. DATE SIGNATURE <i>Sept. 8, 1961</i>		22d. LOCATION (City, town, or county) <i>St. Louis Mo</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept 11/1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	
24. FUNERAL DIRECTOR <i>Muceli</i> ADDRESS <i>1150 No Kingshewey</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 9 1961</i>	
26. REGISTRAR'S SIGNATURE <i>Harold Smith</i>		26. REGISTRAR'S SIGNATURE <i>M. H.</i>	

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 Harvey F. Hable

Licensed Embalmer No. 4596

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.