

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. *1010 77*)

Registration District No. *791*  
Primary Registration District No. *1003*

File No. *19553*  
Registered No. *5250*  
St. .... Ward

**2. FULL NAME**

*Salvatore Palazzolo*  
(a) Residence No. *1010 77* St. *25* Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *None*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 21 1912*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*15 | 1 | 21*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *School boy*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer *Patrick Henry*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

10. NAME OF FATHER *Sam Palazzolo*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

12. MAIDEN NAME OF MOTHER *Boer (Kogmea)*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

14. INFORMANT *Sam Buffo*  
(Address) - *1010 77 65th*

15. FILED *JUN -6 1927* *Mar 6 8 1/2* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 3 1927*

17. I HEREBY CERTIFY, That I attended deceased from *May 1st*, 1927, to *death, June 3*, 1927 that I last saw him alive on *June 2*, 1927, and that death occurred, on the date stated above, at *12:45 P*. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
*Mitral Regurgitation*

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? *92A*  
DID AN OPERATION PRECEDE DEATH? *no* DATE OF *no*  
WAS THERE AN AUTOPSY? *no*

CONTRIBUTORY (SECONDARY) *900*  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF .....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical diagnosis*  
(Signed) *Edwin Sauter, M.D.*  
*June 4, 1927* (Address) *1331 no. 7th St.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary* DATE OF BURIAL *June 6 1927*

20. UNDERTAKER *Bensink-Purhaus* ADDRESS *1138 76*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Handwritten scribble*