

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

Do not use this space.

35799

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 5132 Delmar St. (Ward)

Registration District No. 792
Primary Registration District No. 1003

File No.....
Registered No. 10601

2. FULL NAME Virginia Palmisano

(a) Residence. 5132 Delmar St., 12 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luigi Palmisano</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 23, 1867</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>4</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1929

17. I HEREBY CERTIFY That I attended deceased from Aug 3rd 1929 to Oct 27 1929
that I last saw h. alive on Oct 27 1929, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
131
129
(duration) yrs. mos. ds.

CONTRIBUTORY pneumococci peritonitis
(SECONDARY) (duration) yrs. mos. 7 ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Italy

10. NAME OF FATHER Guido Palmisano

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Mary Camello

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

14. INFORMANT Mrs. Joe Venturini

(Address) 5132 Delmar

15. FILED OCT 29 1929

REGISTRAR Max C. Tomber

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Italy

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. A. Sallan, M. D.

(Address) 516 Metropolitan Bldg

*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

DATE OF BURIAL Nov 30 1929

20. UNDERTAKER Arnold Delmar

ADDRESS 1138 7th

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.

WHERE Y. STATE, WITH ENCLAVING INK—THIS IS A PERMANENT RECORD

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