

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

Do not use this space.

16219

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No.

Registered No. **4698**

St. Ward)

2. FULL NAME:

(a) Residence No. **2nd Cas.** St. **20** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 19 1931**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY That I attended deceased from **March 12 1931** to **April 19 1931** that I last saw **her** alive on **April 19 1931** and that death occurred, on the date stated above, at **4:30 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 18 - 1910**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **20 5 1**

Pulmonary Tuberculosis
duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) **203** (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER **Jack Palermo**

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF
WAS THERE AN AUTOPSY? **No**

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

WHAT TEST CONFIRMED DIAGNOSIS? **X-ray; pos. sputum**
(Signed) **James J. ...**
4/19/31 (Address) **City Hospital**

12. MAIDEN NAME OF MOTHER **Frances Palermo**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Italy**
(STATE OR COUNTRY)

*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.

14. INFORMANT **Henry ...**
(Address) **City Hospital**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **April 21 1931**

15. FILED **APR 20 1931** **St. Louis** REGISTRAR

20. UNDERTAKER **Anton ...** ADDRESS **2707 M Street**

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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

Calhoun.