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

Do not use this space.
30853
8115

1. PLACE OF DEATH SEP 13 1934
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. City Hospital #1 St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Vincent Palmasino
(a) Residence, No. 2509 Mullanphy 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1892
7. AGE YEARS 42 MONTHS 1 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

FATHER
13. NAME Eugene Palmasino
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Geneva Puccaterri
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Mary Palmasino 2509 Mulanphy
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug 8 1934
19. UNDERTAKER (ADDRESS) Central Und Co 1844 Cass
20. FILED AUG -8 1934 J. F. Boedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:01 a.m.
The principal cause of death and related causes of importance were as follows:

210

Fractured Ribs, Haemorrhage of Chest, Edema of Brain received in a collision between

Date of onset

Other contributory causes of importance:
two automobiles in St. Louis, Mo. Deceased was riding in one of the automobiles

Name of operation Accident Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 8/4, 1934
Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Collision between two autos
Nature of injury Fractured Ribs

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) [signature]
(Address) [signature] Coroner
8/9/34

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 27 1934