

APR 9 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City *St. Louis* (No. *St. Louis*)St. *St. Louis* (Ward)File No. **11006**Registered No. **2635**2. FULL NAME *Sebastiano Palazzolo*(a) Residence, No. *1410 277* 25. Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Rose Palazzolo</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 4 1883</i>		
7. AGE	YEARS <i>51</i>	MONTHS <i>9</i>
	DAYS <i>16</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Labarer</i>	11. Total time (years) spent in this occupation <i>13 1/2</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Pullman Co</i>	
10. Date deceased last worked at this occupation (month and year) <i>1/21/1935</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>		
FATHER	13. NAME <i>Dominick Palazzolo</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
MOTHER	15. MAIDEN NAME <i>Catherine Sandazzo</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
17. INFORMANT <i>Mrs. Rose Palazzolo</i> (ADDRESS) <i>1410 277</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>March 13 35</i>		
19. UNDERTAKER <i>Joseph Nebeaux</i> (ADDRESS) <i>1138 26th St</i>		
20. FILED <i>J. Bredeck</i> MCA 20 1935 Registrar. <i>3/20/35</i>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 20 35*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... a.m.

The principal cause of death and related causes of importance were, as follows:

*Ch. Myocarditis (Bathic - result**of trauma). Abdominal rupture**(right transverse) in fall to**city street.*

Other contributory causes of importance

*Chronic enteritis, hypertension, etc.*

Name of operation..... 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? *Accident* Date of injury *Jan. 21, 1935*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.

Manner of injury *Public place*Nature of injury *Fall*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Harold P. Smith*, M. D.(Address) *St. Louis, Mo.**3/20/35*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument  
 is situated in the County of [County Name], State of [State Name],  
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any relevant survey information.]

The above-described tract of land is owned by [Owner Name],  
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the  
 office of the County Clerk of the County of [County Name],  
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set his  
 hand and the seal of the County of [County Name], State of  
 [State Name], at [City], this [Date] day of [Month], 19[Year].

[Signature of County Clerk]

[Faint text on the left margin, possibly a reference or filing number.]

[Faint text on the right margin, possibly a reference or filing number.]