

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months 14 Days
(Specify whether _____)
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Maria Palazzolo
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / race White 5. Color or race _____
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 5 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 24 hr. min.

9. Birthplace Terrasini Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Salvatore Lo Grasso
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name (Unknown)
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Johnson
(b) Address 1913 Luffin Ave.
17. (a) Burial (b) Date thereof Oct 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nielsen
(b) Address 1150 N. Kingshighway Blvd.
19. (a) OCT 1 1942 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2002 Cass Ave.
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29
year 1942 hour 8:00 minute 35 P.M.
21. I hereby certify that I attended the deceased from July 18, 1942 to September 29, 1942
that I last saw her alive on September 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Duration _____
Due to 61
Due to 1-4 Diabetes ulcers
Other conditions Heart Stroke
(Include pregnancy within 3 months of death)

Major findings of operations Entered Hospital two months ago
Of autopsy As above with a high temperature
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all in the following: supposed
(a) Accident, suicide, or homicide (specify) Heart to the
(b) Date of occurrence caused by a heart stroke
(c) Where did injury occur? but not sure
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. O. Miles (M. D. or other)
Address 1515 Lafayette Date signed 9/30/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 17 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
.....
Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arthur G. Koffe

Licensed Embalmer No. *2971*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.