

FILED NOV 29 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9980

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
Wellston

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1142 1/2 Ogden Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Palmisano

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1943 hour 9:05 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov 3, 1943, to Nov 17, 1943
that I last saw him alive on Nov 12, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 26 1866
(Month) (Day) (Year)

Immediate cause of death Coronary Thromboses

Due to Arteriosclerosis Heart disease

Other conditions (Include pregnancy within 3 months of death) 92

8. AGE: Years Months Days If less than one day

77	6	16	hr. min.
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Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Termini Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Fruit

12. Name Gaetano Palmisano

13. Birthplace Termini Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Giuseppa Palmisano

15. Birthplace Termini Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Palmisano
(b) Address 1421 N. 14 St

17. (a) Burial (b) Date thereof Nov. 17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicoli - Son
(b) Address 1150 N. Kingshighway Blvd

19. (a) NOV 15 1943 (b) J. F. Bussick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (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 Charles F. Wilson M.D.
Address St. John's Hosp. Date signed 11-15-43

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

MOTHER FATHER

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

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, Mo

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.