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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED AUG 3 1945

State File No. 22402

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6745

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

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: 4547 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 813 Cole St.
(If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME Rosa Palmisano
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pasquale
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May (Month) 19 (Day) 1892 (Year)

8. AGE: Years 53 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Palermo (City, town, or county) Italy (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Vincent Caito
13. Birthplace (City, town, or county) Italy (State or foreign country)
MOTHER 14. Maiden name Augustine Comele
15. Birthplace (City, town, or county) Italy (State or foreign country)
16. (a) Informant Mrs. Augustine Bonano
(b) Address 4547 St. Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director J. Miceli & Son
(b) Address 1150 N. Kingshighway Blvd.
19. (a) JUL 31 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1945 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from 5/26, 1945 to 7/30, 1945 that I last saw h. alive on 7/30, 1945 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma Liver | 3 mos. |
| Due to | |
| Due to | |
| Other conditions None (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jos. P. Bernardo (M. D. or other)
Address 1225 No. Grand Date signed 7/31/45

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

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.**