

FILED JAN 5 1946
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 11255

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. Louis Children Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)
In this community _____
years, months or days _____

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. 1441a Montclair Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 45 hour 8 minute 25 A.M.
21. I hereby certify that I attended the deceased from 12 - 1945
19 to 12-20-1945
that I last saw her alive on 12-20- 1945
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Ruptured appendix
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Reta Palazzolo
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 Single

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

7. Birth date of deceased January 5 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 11 15 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Joe Palazzolo

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Reta Stern

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Palazzolo

(b) Address St. Louis, Mo. 1441a Montclair Ave

17. (a) Burial (b) Date thereof 12-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicoli - 50715

(b) Address 1150 N. Kingshighway

19. (a) DEC 21 1945 (b) J. Brubaker
(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 R. J. Betton (M. D. or other) _____

Address 100 N. Kingshighway Date signed _____

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 *V E Morris*.....

Licensed Embalmer No. 3360.....

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.