

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 3/7

Primary Registration District No. 3063

Registrar's No. 224

1. PLACE OF DEATH: St. Louis County
 (a) County St. Louis County
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 hrs 10 min
 In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Jennings 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5741 Hamilton 0
 (If rural, give location)
 (e) Citizen of foreign country? Naturalized (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA 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 Wid.
 6. (b) Name of husband or wife Leo Palmisano 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased May 15 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 7 If less than one day hr. 5 min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Tony Demma
 13. Birthplace Termini Italy (City, town, or county) (State or foreign country) 5
 14. Maiden name Susie
 15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Dau. Anna Sansone
 (b) Address 5836 Pamplin St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28-46 (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

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

19. (a) 1-25-46 (Date received local registrar) (b) E. J. Moran, M.D. (Registrar's signature) MSH Address 601 Brentwood Date signed 1-22-46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1946 hour 2 minute 40 A. M.
 21. I hereby certify that I attended the deceased from January 21 1946 to January 22 1946 that I last saw her alive on January 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death
1. Arterio sclerotic Heart disease
2. Possible coronary occlusion
 Due to 93A
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

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 Arnon Hender (M. D. or other) MSH
 Address 601 Brentwood Date signed 1-22-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1947

JAN 29 1945

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.