S. No. 2
DM—5-43
v. 5-17-39
I X36671
8-46

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

20944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1946

State File No. 22075

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5576

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:
Jewish Hospital 0
(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 000

(c) City or town St Louis 25/17
(If outside city or town limits, write "RURAL")

(d) Street No. 508a So 4th Street 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph P. Palermo

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August (Month) 12 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	10	11	hr. min.

9. Birthplace Murphysboro Illinois. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Owner

11. Industry or business

FATHER
12. Name Joseph Palermo 5
13. Birthplace Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Constance Barletta 5
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Parlemo
(b) Address 508a So 4th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Wm C Mozdell
(b) Address 1926 Allen Av.

19. (a) JUN 24 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1946 hour 2.45 minute P M.

21. I hereby certify, that I attended the deceased from 12-4-44, 19, to 6-23-46, 19;
that I last saw him alive on 6-23-46, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Liver

Due to

Due to 46

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastrostomy 12/24/44
findings as above
Of autopsy

Duration

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 0

23. Signature Solon P Harris (M. D. or other)
Address 6390 Natural Bridge Date signed 6/24/46

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1947

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. Henry M. Brammer

Licensed Embalmer No. 4200

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.