

FILED OCT 24 1946 STANDARD CERTIFICATE OF DEATH

32563

State File No.

X35937

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 392

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Fishersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(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 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3720 Sullivan Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ROSE WILMA PALERMO

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Aug 9 1914
(Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Beaver Falls Penn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER { 12. Name Charles Lausha
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Palermo

(b) Address St. Louis, Missouri

17. (a) Removal (b) Date thereof 10-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Sumner + Powell

(b) Address Fishersville, Mo.

19. (a) 10-20-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1946 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sep 23
1946, to Oct 19 1946
that I last saw her alive on Oct 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Atypical Pneumonia 3 wks
Duration

Due to Lung abscesses ?
Pulmonary tuberculosis
Due to paralysis of both legs 28 mo.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations 137
Of autopsy Lung abscesses
peri carditis

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?
While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature Willbur V Cole (M. D. or other) MD
Address Kirksville, Mo Date signed 10-19-46

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

APR 22 1947

RECEIVED
District Health Officer No. 10
District File Number 10-46-1952
Date Filed OCT 23 1946

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 *W. C. Summers*

Licensed Embalmer No. *2159*

P. O. Address *Wickville 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.