No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10819

Registration District No. FILED MAR 24 1947 Primary Registration District No. 1003 Registrar's No. 2657

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: Park Lane 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00
(c) City or town St. Louis 20/17
(If outside city or town limits, write "RURAL")
(d) Street No. 2017 Mullanphy 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maria Fiordimondo

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 Widowed

6. (b) Name of husband or wife Giuseppe

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

7. Birth date of deceased May (Month) 23 (Day) 1879 (Year)

8. AGE: Years 67 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Natale Palozzolo
13. Birthplace Cinisi (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Nicolina Vitale
15. Birthplace Cinisi (City, town, or county) Italy (State or foreign country)

16. (a) Informant Pitrini Vitale
(b) Address 2017 Mullanphy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) MAR 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11th year 1947 hour 10:25 AM minute M.

21. I hereby certify that I attended the deceased from 3-7- 1947 to 3-11- 1947 that I last saw her alive on 3-11- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Left Lobar Pneumonia

Due to 108

Other conditions Hypertension, Malignant
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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) None
(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) 0
While at work? (e) Means of injury

23. Signature Nicholas S. Vitale (M. D. or other) MD
Address 3861 St Louis Ave. Date signed 3/11/47

(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. Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis 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.