

National Office of Vital Statistics
FILED JUL 3 1948

318

Primary Registration District No.

100's

Registrar's No. 5694

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 Missouri Baptist 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)

3. (a) PRINT FULL NAME Catherine Palazzolo

3. (b) If veteran, name war..... No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept. 20, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 4 ..hr. ..min

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Antonio Viviano
13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Rosalie Tocco
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Favazza
(b) Address 1216 N. 7th St.

17. (a) Burial (b) Date thereof June 28, 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of informant Samuel Nichols
(b) Address 12431 Union Blvd.

19. (a) JUN 24 1948 (b) J. F. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1216 N. 7th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1948 hour 3 minute 05 a. m.

21. I hereby certify that I attended the deceased from June 23
1948 to June 24 1948
that I last saw him alive on June 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of Myocardium Duration 5 da

Due to Hypertensive Heart disease years
Atherosclerosis years

Due to.....
Other conditions Uremia 12/1 5 da
(Include pregnancy within 3 months of death)
Nephrosclerosis

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

23. Signature R. S. Williams (M. D. or other)
Address 114 N. Taylor St. St. Louis Date signed 6/24/48

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 _____

working under my personal supervision. _____, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 294

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.