

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6539BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1905

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4538 Greer Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>4538 Greer Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Mary Palmisano</u>			4. DATE OF DEATH <u>Feb. 27, 1949</u>		
a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Aug. 17, 1899</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Angelo Lombardo</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Catanzara</u>		14. NAME OF HUSBAND OR WIFE <u>Michael Palmisano</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Michael Palmisano, 4538 Greer Ave.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Coronary Failure - pulmonary edema</u>		<u>1 day</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Coronary artery disease</u>		<u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Diabetes mellitus</u>		<u>6 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>61</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Free X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 6, 1943, to Feb 27, 1949, that I last saw the deceased alive on Feb 27, 1949, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Norman Orzell M.D.</u>		23b. ADDRESS <u>508 W. M. Grand. St. Louis, Mo.</u>		23c. DATE SIGNED <u>2/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Angels</u>	
24d. LOCATION (City, town, or county) (State) <u>Sidney, Ohio</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>940 Lindell Blvd.</u>			
DATE REC'D BY LOCAL REG. <u>FEB 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Swaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>940 Lindell Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

after 1 year

W. H. Van Matre

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.