

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42669**  
Registrar's No. **10473**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>1</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY <b>2259</b>	
b. CITY OR TOWN <b>St Louis</b>	c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1318 Blair Ave</b>		d. STREET ADDRESS (If rural, give location) <b>1318 Blair Av.</b>	
3. NAME OF DECEASED (Type or Print) <b>Angela</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>Palazzolo</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec, 5, 1950</b>
5. SEX <b>F!</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct, 10 1890</b>
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Terassini Italy 5</b>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Andrea Orlando</b>	13b. MOTHER'S MAIDEN NAME <b>Antonina Bologna</b>
14. NAME OF HUSBAND OR WIFE <b>Mercurio Palazzolo</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <b>Mercurio Palazzolo</b>		ADDRESS <b>1318 Blair</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Artery</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <b>331X</b>		22. I hereby certify that I attended the deceased from <b>Feb 20, 1950, to Dec 1, 1950</b> , that I last saw the deceased alive on <b>Dec 1, 1950</b> and that death occurred at <b>72 yrs.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>J. J. Kyjuid</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>5022 Page</b>	
23c. DATE SIGNED <b>Dec 8/50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec, 9, 1950</b>
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 8 1950</b>		REGISTERAR'S SIGNATURE <b>J. P. Lassiter</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>P. Miceli &amp; Sons</b>		ADDRESS <b>1150 N. Kingshighway</b>	

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

