

FILED FEB 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6506
 1316

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8th & Carr St. City Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>5629 Goodfellow Av.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) _____ c. (Last) <u>Pallerito</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 10, 1890</u>
9. AGE (In years last birthday) <u>60</u>		# UNDER 1 YEAR Days <u>1</u>	# UNDER 1 YEAR Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce.</u>	11. BIRTHPLACE (State or foreign country) <u>Not Known</u> <u>9</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Not Known</u>	
13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Pallerito.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Pallerito 5629 Goodfellow Av</u>
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) _____ ANTECEDENT CAUSES <u>Coronary Thrombosis</u> 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 checked="" 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? <u>H/201</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:18 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Med. Gen. Pract. Gen. Pract.</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>2/9/51</u>		24a) BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buchholz Koeller 5967 W Florissant Av</u>	
DATE REC'D BY LOCAL REG. <u>FEB 9 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>	

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

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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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Alvin G. Bunkholz*

Licensed Embalmer No. *2119*

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.