

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

31745

State File No.

No. 300
10-48

FILED SEP 22 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8046**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, Missouri)		c. LENGTH OF STAY (In this place) 2 1/2 to 3 days c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY HOSPITAL		e. STREET ADDRESS (If rural, give location) 4025 Clayton Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) (Hughes Palmintiere) c. (Last) Palmintiere		4. DATE OF DEATH (Month) (Day) (Year) 9 9 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Feb 16, 1915
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZENRY OF WHAT COUNTRY? USA		13. FATHER'S NAME John Palmintiere	
13b. MOTHER'S MAIDEN NAME Mary Parisi		14. NAME OF HUSBAND OR WIFE John Hughes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. 492-10-5920	
17. INFORMANT'S SIGNATURE OR NAME Mary Palmintiere		ADDRESS 4025 Clayton Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 4/19/49 , 19 51 , to 9/9/51 , 19 51 , that I last saw the deceased alive on 9/9/51 , 19 51 , and that death occurred at 3 P. m., from the causes and on the date stated above.		22. HOW DID INJURY OCCUR? 2457	
23a. SIGNATURE (Degree or title) William Mcweeney MD		23b. ADDRESS 25600 Arsenal St.	
23c. DATE SIGNED 9/9/51		24. LOCATION (City, town, or county) (State) St. Louis Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 13, 1951	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. SEP 11 1951		REGISTRAR'S SIGNATURE J. Carl Smith MD	
FUNERAL DIRECTOR'S SIGNATURE Bensick-Nichols		ADDRESS 1151 Union St	

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

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
Student Embalmer

Signed *John S. Dennis* Student Embalmer No.
Licensed Embalmer No. *4194*
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.