

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1951

35480
State File No. 8668

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8668**

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)		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miami Hotel 809N. Grand		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
		d. STREET ADDRESS (If rural, give location) 3701 Sullivan Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle)	
		c. (Last) Palermo	
		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15 1886
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern owner	11. BIRTHPLACE (State or foreign country) Murphysboro Illinois
		10b. KIND OF BUSINESS OR INDUSTRY Liquor	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Joseph Palermo		13b. MOTHER'S MAIDEN NAME Concetta Barletto	
		14. NAME OF HUSBAND OR WIFE Mary Palermo	
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. none	
		17. INFORMANT'S SIGNATURE OR NAME Mary Palermo ADDRESS 3701 Sullivan Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease. 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. None	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? 443X	
22. I hereby certify that I attended the deceased from 5-25, 1951 , to 9-30, 1951 , that I last saw the deceased alive on 9-30, 1951 , and that death occurred at 2:10 AM from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. H. Hainman M.D.		23b. ADDRESS 634 N. Grand	
		23c. DATE SIGNED 10-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/3/51	
24c. NAME OF CEMETERY OR CREMATORY Calyary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. OCT 1 1951		REGISTRAR'S SIGNATURE John Smith M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir. ADDRESS 2849N. Euclid Av	

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

Mr. John C. ...
The Theatre Bldg -
7-1477

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.

Signed _____
Student Embalmer

Student Embalmer No. _____
Signed Gustav W. Dietrich
Licensed Embalmer No. 4329
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.