

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35481  
State File No. 8724

FILED OCT 23 1951

318

1003

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|--|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>318</u>  |  | PRIMARY REG. DIST. NO. <u>1003</u>   |  | Registrar's No. _____  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis, Mo.</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY _____ |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>   |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>                                      |  | 2119   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3916 St. Louis Ave</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>3916 St. Louis Ave</u>  |  |  |  |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>  |  | b. (Middle) <u>Palmisano</u>   |  | c. (Last) <u>(PULMISANO)</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2 1951</u>           |  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH <u>April 26 1872</u>                              |  |  |
| 9. AGE (in years last birthday) <u>79</u>  |  | IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>   |  | IF UNDER 24 HRS. Hours <u>5</u> Min. _____   |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  |  | 11. BIRTHPLACE (State or foreign country) <u>Italy</u>             |  |  |
| 12. CITIZEN OF WHAT COUNTRY <u>Italy</u>   |  |  | 13a. FATHER'S NAME <u>Guio Palmisano</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Cosima</u>  |  |
| 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 <u>Joseph Palmisano</u> ADDRESS <u>3916 St. Louis</u>  |  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per paragraph (a), (b), and (c))<br><i>*This does not mean immediate dying, such as stroke, apoplexy, asthma, etc. It means the disease, injury, or complication which caused death.</i>                          |  | MEDICAL CERTIFICATION  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial Failure</u>   |  |  |  |  |  |  | <u>1 d</u>   |  |
| ANTECEDENT CAUSES  |  | DUE TO (b) <u>Chronic Myocarditis</u>  |  |  |  |  | <u>15 yrs.</u>   |  |
| DUE TO (c) <u>Diabetes mellitus, arteriosclerosis</u>  |  |  |  |  |  |  | <u>10 yrs.</u>   |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | Cerebral Thrombosis  |  |  |  |  | <u>6 mo.</u>   |  |
| 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) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>Fell</u>   |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 1946</u> , to <u>Oct. 2, 1951</u> , that I last saw the deceased alive on <u>Oct. 2, 1951</u> , and that death occurred at <u>6:30 a. m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>Joseph B. Guccione M.D.</u>  |  |  |  | 23b. ADDRESS <u>2801 N. Taylor</u>   |  | 23c. DATE SIGNED <u>10-2-51</u>                                    |  |  |
| 24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>burial</u>   |  | 24b. DATE <u>Oct. 4, 1951</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis. Mo</u> |  |  |
| DATE REC'D. BY LOCAL REG. <u>10/3 1951</u>   |  | REGISTRAR'S SIGNATURE <u>J. E. Smith - W. W.</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BENSIEK-NIEHAUS 1431 UNION BL</u>  |  |  |  |  |

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

10/2/51  
W. W.

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 E. W. Wilkinson

Licensed Embalmer No. 3575

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 35481

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8724

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of <sup>birth</sup> death

for Frank Palmisano <sup>died</sup> ~~born~~ 10-2-1951, 19....., in the State of

Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read. Frank Palmisano (Pulmisano)

Instead of ..... Frank Palmisano

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant: Daniel Mickaus Fun. Dir Relationship.

1431 Union

Present Address.

Subscribed and sworn to before me this 19 day of Jan, 1951

My Commission expires 3-4-53 Bill C. Tadlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.