

Health,  
Welfare  
Public  
Service

FILED APR 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012123  
STATE FILE NUMBER 2817

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

300  
1-57  
3

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Enroute City Hospital		Length of stay in 1b 2 1/2	d. STREET ADDRESS (If outside, give location) 5031 Murdoch Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MICHAEL F. PALAZZOLO			4. DATE OF DEATH Month Day Year Mar. 8 1958
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1925
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Free Lancer-Salesman	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Michael Palazzolo		13b. MOTHER'S MAIDEN NAME Angela Orlando	14. NAME OF HUSBAND OR WIFE Rose Marie Palazzolo
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes World War 2		16. SOCIAL SECURITY NO.	17. INFORMANT Rose Marie Palazzolo Address 5031 Murdoch
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal Hemorrhage, shot gun wounds of the torso.</i> DUE TO (b) <i>Subclavian Artery and the left Lung.</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition (even in PART I or PART II of item 18). <i>Shotgun wound inflicted by police officers in the official line of duty in West of 911 Franklin Ave., present</i>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature and location in PART I or PART II of item 18). <i>Shotgun wound</i>	
20a. TIME OF INJURY Hour Month, Day, Year 9:15 p.m. 3 8 58		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 yard	
20c. CITY, TOWN, OR LOCATION St. Louis Mo.		20d. COUNTY STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 1023 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Patricia E Taylor</i>		22b. ADDRESS 1150 Clark St	22c. DATE SIGNED 3/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 12, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. (State)	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. MAR 10 58	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....  
Signature of Student Embalmer

Signed *Richard W. Storran*

Licensed Embalmer No. *4007*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.