Health, & Welfare Public Service

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FILED MAY 1 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016275
STATE FILE NUMBER 4382

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 D.O.A. City Hospital — Length of stay in 1b 5 lyrs. 16	d. STREET ADDRESS (If outside, give location) 3952 Utah Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Dominick Middle Palazzolo Last 0	4. DATE OF DEATH Month April Day 19 Year 1958

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH June 12 1904	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machonic	10b. KIND OF BUSINESS OR INDUSTRY Public Service	11. BIRTHPLACE (City and state or country) Italy 5	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Palazzolo	13b. MOTHER'S MAIDEN NAME Josephine Pizzo	14. NAME OF HUSBAND OR WIFE Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Mary Palazzolo Address 3952 Utah Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH —

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 1956

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peptic Ulcer since 1956

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) — — —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —	— — —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gasoline Station	20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Missouri STATE

21. I attended the deceased from Jan 1951, to 4/19/58 and last saw her/him alive on 4/4/58
Death occurred at 4/19/58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Anthony J. Vitale M.D. 0	22b. ADDRESS 3861 St. Louis Ave	22c. DATE SIGNED 4/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR Miceli & Sons ADDRESS 1150 N. Kingshighway	25. DATE RECD. BY LOCAL REG. APR 22 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. G.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Dr V Stulse
3861 ...

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 Anthony J Mucci

Licensed Embalmer No. 4277

P. O. Address [illegible]

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.