

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023261

FILED JUN 18 1959

Registration District No. _____ Primary Registration District No. _____ State File Number _____ 2-5491
Registrar No. _____

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1-57
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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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3918a ST. LOUIS AVE		Length of stay in lb.	d. STREET ADDRESS 3918a ST. LOUIS AVE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH PALMISANO			4. DATE OF DEATH Month Day Year JUNE 7th, 1959			
5. SEX MALE	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 OCTOBER 1, 1894	9. AGE (In years last birthday) 04	IF UNDER 1 YEAR Months Days 8 1	IF UNDER 24 HRS Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done) RETIRED HOTEL OWNER,		10b. KIND OF BUSINESS OR INDUSTRY LAFAYETTE HOTEL	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME FRANK PALMISANO		13b. MOTHER'S MAIDEN NAME COSOMO CINCIOLA	14. NAME OF HUSBAND OR WIFE SABINA PALMISANO			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No, unknown) (If Yes, give date of service) YES WORLD WAR ONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT THOMAS PALMISANO, 3918 ST. LOUIS AVE
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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>Sorbiturate Poisoning (Numbatal)</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) <i>970.2.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Self administered in Home in or</i>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>6. 6. 59 about June 6th, 1959 Time unknown</i>	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis Mo</i>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at *1147A* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Patrick F. Taylor Coroner</i>	(Degree or title) 3	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>6. 9. 59.</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 10th, 1959	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
24. FUNERAL DIRECTOR BENSIEK-NIEHAUS MORTICIANS. 1431 UNION	ADDRESS	25. DATE RECD. BY LOCAL REG. BLVD JUN 9 '59	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

9.P.

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Elton H. Remelua*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis,*

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.