

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023262

STATE FILE NUMBER  
2-5490  
Registration District No.

FILED JUN 18 1959

Registration District No. Primary Registration District No.

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300  
-57  
94  
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS.</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3918a ST. LOUIS AVE</b>		d. STREET ADDRESS (If outside, give location) <b>3918a ST. LOUIS AVE</b>	
3. NAME OF DECEASED First Middle Last <b>SABINA PALMISANO</b>			4. DATE OF DEATH Month Day Year <b>JUNE 7, 1959</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>UNKNOWN APT 1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIHEL</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>NEW YORK. N. Y</b>
13a. FATHER'S NAME <b>UNKNOWN BORNFIELD</b>		13b. MOTHER'S MAIDEN NAME <b>BETTY UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>JOSEPH PALMISANO</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT Address <b>THOMAS PALMISANO. 3918 ST. LOUIS AVE</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Barbiturate Poisoning (Overdotal)</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>970.2</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 above) <b>Self administered at 3918a St Louis Ave. on or about June 6th 1959. Exact time unknown.</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>6.6.59</b>	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, store, office, bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>1140 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Patrick C. Taylor Carrawe</b>		22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>6.9.59.</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JUNE 10, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>
24. FUNERAL DIRECTOR <b>BENSIEK-NIEHAUS MORTICIANS, 1431 UNION</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 9 '59</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith. M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

S.P.

MA 11 1 19 1968

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 *John J. Skines* .....

Licensed Embalmer No. *4108* .....

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