

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

761-010617

AMENDED FILED VS MAR 16 1961 318 Primary Registration District No. 1003 Registrar's No. 2149 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b 3 Months		c. CITY OR TOWN E. St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1610 Sycamore
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		5. Year
First PAMELIA Middle LYNN Last CORREALE			Month March Day 3 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1952	9. AGE (last birthday) 8	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY Bluff View	11. BIRTHPLACE (City and state or country) Tripoli Lybia	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Herman J. Correale			13b. MOTHER'S MAIDEN NAME Alice Jean Lieben		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address: St. Louis, Ill Herman J. Correale, 1610 Sycamore
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a) Brain stem failure obstructive hydrocephalus					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Obstructive hydrocephalus					
DUE TO (c) Brain tumor (malignant) Brain tumor (remote) - Meningeal					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 193.0					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-21-1957 to 3-3-61 and last saw her alive on 3-3-61					
Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Erwin S. Walker M.D.			22b. ADDRESS 4161 LINDELL - St. Louis Mo		22c. DATE SIGNED 3-3-61
23a. BURIAL OR CREMATION REMOVAL (Specify)	23b. DATE 3-5-61	23c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park		23d. LOCATION (City, town, or county) Belleville Illinois	
24. FUNERAL DIRECTOR ADDRESS [Signature] E. St. Louis, Ill			25. DATE RECD. BY LOCAL REG. MAR 3 1961		26. REGISTRAR'S SIGNATURE [Signature] Earl Smith, M.D.

Dr Palazzo
4161 *[Handwritten]*

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 *[Signature]* _____

Licensed Embalmer No. 3162

P. O. Address East 4041 S I

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.