

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5394
 Do not use this space.

1. PLACE OF DEATH **REC'D MAR 14 1938**

(a) County **St. Louis** Registration District No. **791**
 (b) Township **Enroute to 1003 Hospital** Primary Registration District No. **1003** Registered No. **2039**
 (c) City **St. Louis** (d) Street No. **26** (If death occurred in Hospital or Institution, write its name instead of street and number) St. **1003 Hospital**
 (e) Length of residence in city or town where death occurred **26** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Anthony Palmero 456**

(a) Residence, No. **1618a No. 14 th St.** St. **26** (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 8, 1909**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 10 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **fuel dealer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **coal**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Partinico Italy 1**

FATHER 13. NAME **Giuseppe Palmero 7/13**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Partinico Italy**

MOTHER 15. MAIDEN NAME **Francesca Zarbo**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Partinico Italy**

17. INFORMANT (ADDRESS) **Charles Palermo 1618a No. 14 th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb. 28 1938**

19. FUNERAL DIRECTOR (ADDRESS) **P. Miceli & Son 1133 No. Kingshighway Bl.**

20. FILED **FEB 26 1938** *J. T. Bredeck* Local Registrar.

NO PUBLIC CERTIFICATE ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/25/38** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **3:55 P.M.**

The principal cause of death and related causes of importance were as follows:
Internal and External Hemorrhage from bullet wound of Left Lung & Inferior Vena Cava, suffered when shot with gun in the hands of one, Willie Herring, in home at 921a O'Fallon St., about 3:50 P.M., Feb. 25, 1938.

Other contributory causes of importance:
St., about 3:50 P.M., Feb. 25, 1938.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Homicide** Date of injury **2/25/1938**
 Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **921a O'Fallon St.**

Manner of injury **See Above**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____ (Signed) *Joseph M. Duval* M.D.
 _____ (Address) *Deputy Colonel*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

 L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

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.)