

REC'D OCT 12 1938

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

30372

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1008**
 (b) Township..... Primary Registration District No. **791**
 (c) City **St. Louis, Mo.** (d) Street No. **Alexian Brothers Hospital** Registered No. **7809**
 (e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Peter Palazzolo**

(a) Residence, No. **2741 Howard** St. **20**
 (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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 25, 1918**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
20 I 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**
 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) **St. Louis Mo.**13. NAME **Salvatore Palazzolo**14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Italy**15. MAIDEN NAME **Modesta Costa**16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Italy**17. INFORMANT **Salvatore Palazzolo**
(ADDRESS) **2741 Howard**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Sept. 5 1938**19. FUNERAL DIRECTOR **P. Miceli & Son**
(ADDRESS) **1150 N. Kingshighway**20. FILED 19 **J. B. Budek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 2 1938**

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **2:00 P.**

The principal cause of death and related causes of importance were as follows:
 Date of onset

Septic Lobar Pneumonia
~~Septicemia~~ **as a result of opening a pleural membrane**
time unknown Aug 28/1938

Other contributory causes of importance:

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? **yes** Date of injury **8/28 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.

Manner of injury **see above**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **yes**

If so, specify **Alfred J. Perry M.D.**
 (Signed)

(Address) **Deputy Coroner**

SEP - 3 1938

(Licensed Embalmer's Statement on Reverse Side)

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.)