19075

. S. No. 2
M—9-4-41
5-17-39
I X29484

96
8
3

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 7 1943

Registration District No. 3067

Primary Registration District No. 3069

Registrar's No. 1267

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2645 Dalton Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Grace Pallozolo

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Late Frank Pallozolo

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 10th (Day) 1876 (Year)

8. AGE: Years 67 Months 1 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Leo Pallozolo
(b) Address 7481 Amherst Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 1 1943 (Date received local registrar) (b) C. D. McLaren MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th year 1943 hour 2:15 minute P.M. M.

21. I hereby certify that I attended the deceased from May 24, 1943, to May 27, 1943, that I last saw her alive on May 27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	3 days
Due to Fractured Ribs	4 days
Due to	
Other conditions Hypertension and Chr. Myocarditis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations .....
Of autopsy .....

1:86 a
18

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 000

(b) Date of occurrence May 23 '43

(c) Where did injury occur? in Home (City or town) (St Louis Mo) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? ..... (e) Means of injury fall in home

23. Signature H. Cowland (M. D. or other) M.D.

Address 5930 Southwest Ave Date signed 5-28-43

707

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1969

Southwest Ave. Before 10

JUN 30 1969

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Reinhold K. Lahrmann

Licensed Embalmer No. 3395

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.