No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 36128

FILED OCT 24 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9487

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9/11/47 to 10/12/47 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5550 Sutherland (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 14
If yes, name country Italian

3. (a) PRINT FULL NAME Anna Orlando
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Giuseppe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 25, 1875 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 8 | 17 | hr. min |

9. Birthplace Italy (City, town, or county) (State or foreign country) 5
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Peter Palazzollo 5
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Italy (City, town, or county) (State or foreign country) 5
16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetry
18. (a) Signature of funeral director P. Miceli & Sons.
(b) Address 1150 N. Kingshighway
19. (a) OCT 14 1947 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. 12 day
year 1947 hour 7 minute 25 M. P
21. I hereby certify that I attended the deceased from 9/11, 1947, to 10/12, 1947 that I last saw her alive on 10/12, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of the cervix with far advanced metastasis | 18 mo. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy not obtained | |

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. P. Shoney (M. D. or other)
Address 5600 Arsenal Date signed 10-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.**