

U.S. No. 3900
FORM-10-47
Rev. 5-17-39
1 3900

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 10550
3140
Registrar's No.

FILED APR 7 1948 318
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 1447 N. Market
(d) Length of stay: In hospital or institution 26 years
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 1447 N. Market 9
(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country Italy

3. (a) PRINT FULL NAME Vita Palazzolo
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29th
year 1948 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from June 1947 to Mar. 29, 1948
that I last saw her alive on Mar 29, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Francesco Vito
6. (c) Age of husband or wife if alive 1865 years
7. Birth date of deceased March 12 1865
(Month) (Day) (Year)

Immediate cause of death
Due to Cerebral Hemorrhage 4 days
Due to Arterial Sclerosis
Other conditions
Major findings:
Of operations
Of autopsy

8. AGE: Years 83 Months 0 Days 17
If less than one day hr. min.

9. Birthplace Terrasini Italy
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name Giuseppe Palazzolo
13. Birthplace Terrasini Italy
(City, town, or county) (State or foreign country)
14. Maiden name Margherita Tocco
15. Birthplace Terrasini Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Palazzolo
(b) Address 6208 Wyoming

17. (a) Burial (b) Date thereof 4/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 W. Kingshighway

19. (a) MAR 31 1948 J. F. Busch
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Scutellaro (M. D. or other)
Address 2007 Cass Ave Date signed 3-30-48

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

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47
9

MOTHER FATHER

Scutellaro

WSP

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..... *W. W. Wilkerson*.....

Licensed Embalmer No..... *3575*.....

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.