

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6402**

FILED MAR 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1735**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>4 Y 10M 29D</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CHRONIC HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>5600 Arsenal St.</b>	

3. NAME OF DECEASED a. (First) <b>TONY</b> (Type or Print)			b. (Middle) _____			c. (Last) <b>PALERMO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 22 1955</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Jan. 28, 1887</b>			9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work <b>Laborer</b> ) <small>(Specify if not working life, even if retired)</small>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Louis Palmero</b>			13b. MOTHER'S MAIDEN NAME <b>Josephine ? Miceli</b>			14. NAME OF HUSBAND OR WIFE <b>Single</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give year or dates of service) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <b>Jake Palermo</b> ADDRESS <b>4318 Vista Ave</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>						Years _____	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>331X</b>				

22. I hereby certify that I attended the deceased from **Mar. 23, 1955**, to **Feb. 22, 1955**, that I last saw the deceased alive on **Feb. 22, 1955**, and that death occurred at **10:45P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George Osby M.D.</b> (Degree or title)		23b. ADDRESS <b>5600 Arsenal St.</b>		23c. DATE SIGNED <b>2/23/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 26, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Wood Cemetery Marion Ill</b>		24d. LOCATION (City, town, or county) (State) _____	
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DATE REC'D BY LOCAL REG. <b>FEB 23 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mr. Merle Elmer</b> ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Anthony J. Mich*.....  
Licensed Embalmer No. *412*.....

P. O. Address *J. L. ...*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.