

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5968 STATE FILE NUMBER

**1. PLACE OF DEATH**  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital Inside Limits  Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY  
 c. CITY OR TOWN St. Louis Inside Limits  Yes  No   
 d. STREET ADDRESS 5017 Winona (If outside, give location) Reside on Farm  Yes  No

**3. NAME OF DECEASED** (Type or print) First Joseph Middle Palazzo Last  
**4. DATE OF DEATH** Month June Day 25 Year 1961

**5. SEX** Male **6. COLOR OR RACE** White **7. Married**  **Never Married**  **Widowed**  **Divorced**   
**8. DATE OF BIRTH** July 7 1886 **9. AGE (last birthday)** 74 **IF UNDER 1 YEAR** Months 1 Days 1 Hours 1 Min. **IF UNDER 24 HR**  
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Produce **10b. KIND OF BUSINESS OR INDUSTRY** Produce **11. BIRTHPLACE** (City and state or country) Italy **12. CITIZEN OF WHAT COUNTRY** Italy

**13a. FATHER'S NAME** Peter Palazzolo **13b. MOTHER'S MAIDEN NAME** Bettina Palazzolo **14. NAME OF HUSBAND OR WIFE** Carmela

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) | (If yes, give war or dates of service) none **16. SOCIAL SECURITY NO.** none **17. INFORMANT** Dominic Palazzolo Address 7833 Winward

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Thrombosis Right INTERVAL BETWEEN ONSET AND DEATH 9 hrs  
 DUE TO (b) Arteriosclerosis 4 1/2  
 DUE TO (c) 332x  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO   
**20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**   
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)  
**20c. TIME OF INJURY** Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_  
**20d. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ **20f. CITY, TOWN, OR LOCATION** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**21. I attended the deceased from** 1956 to 1961 and last saw him/her alive on 6-24-61  
 Death occurred at 7:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** [Signature] (Degree or title) ms **22b. ADDRESS** 5103 Clydesdale Ave **22c. DATE SIGNED** 6-29-61

**23a. BURIAL, CREMATION, OR DISPOSAL** (Specify) Burial **23b. DATE** June 28, 1961 **23c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery **23d. LOCATION** (City, town, or county) (State) St. Louis Missouri

**24. FUNERAL DIRECTOR** Miceli & Sons ADDRESS 1150 N. Kingshighway **25. DATE RECD. BY LOCAL REG.** JUN 27 1961 **26. REGISTRAR'S SIGNATURE** [Signature] Loan Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Harry E. Monro

Licensed Embalmer No. 4495

P. O. Address St Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.