MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-012883

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 76

FILED MAR 21 1963

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: 6 mo
c. FULL NAME OF HOSPITAL OR INSTITUTION: 522 Bainbridge — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: St. Louis
c. CITY OR TOWN: Florissant — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 950 Claver La — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: m — Middle: Katherine — Last: Serra
4. DATE OF DEATH: Month: Mar — Day: 8 — Year: 63
5. SEX: Fe
6. COLOR OR RACE: Wh
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9/8/1877
9. AGE (last birthday): 85 — If under 1 year: Months, Days; If under 24 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own house
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Vito Palazzolo
13b. MOTHER'S MAIDEN NAME: Ann (unk)
14. NAME OF HUSBAND OR WIFE: Michael
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of se[illegible]
16. SOCIAL SECURITY NO.:
17. INFORMANT: Vito Serra 950 Claver La. Florissant — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per li[illegible]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — Interval between onset and death: Terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Advanced atherosclerotic Heart Disease — many years
DUE TO (c): Senility.
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 [X]
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 12/28/62 to Present and last saw him/her alive on 3/8/63
Death occurred at 8:50 pm, 3/8/63 m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Gal Jaeger MD (Degree or title)
22b. ADDRESS: 304 So. 2nd St Charles, Mo
22c. DATE SIGNED: 3/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Mar 12 1963
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo
24. FUNERAL DIRECTOR — ADDRESS: Miceli 1150 N. Kingshiway
25. DATE RECD. BY LOCAL REG.: 3-11-63
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	DATE AMENDED
VS 300 Rev. 4/59		
6928		
24013		
3		
4 1		
5 2		
6		
7 2		
8 2		
94200		
10		
11		
12 90-0		
13 4-0		

INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MAR 22 1963

MAY 21 1963

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. Muels

Licensed Embalmer No. 4277

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.