

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10100

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.....

Township.....

Primary Registration District No. **1003**

Registered No. **2681**

City **St. Louis,** (No. **1003**)

W. Baptist Hosp.

St. (Word)

2. FULL NAME

Claude Palmer

(a) Residence, No. **#3515**

(Usual place of abode)

Coak Ave. //

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

..... yrs. mos. da.

How long in U.S., if of foreign birth?

..... yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Etta D. Palmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 26, 1882

7. AGE

45 YEARS

1 MONTHS

21 DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

House Moving

(c) Name of employer

David & Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

R. G. Palmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Mary Broadstone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Mrs Etta Palmer
#3515 Coak Ave.

15.

FILED

Mar 6 Starkoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar - 17, 1927

17.

HEREBY CERTIFY, That I attended deceased from **Mar 13th** 1927, to **Mar 17** 1927, that I last saw **him** alive on **Mar 17** 1927, and that death occurred, on the date stated above, at **4 P.** m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia

CONTRIBUTORY (SECONDARY)

10 / R

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Maurice A. Frankenthal**, M. D.

Mar - 15, 1927, (Address) 1120 1/2 Bluff St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Lee Cemetery, 3-20-27

20. UNDERTAKER

L. R. Rupton

ADDRESS

4449 St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11 a. m. Sisters Bay.

