

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

Do not use this space.

23450

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis** (No. **Josephine Hospital**) St. Ward)

File No.
 Registered No. **6936**
 St. Ward)

2. FULL NAME **Dillie C. Palmer**
 (a) Residence. No. St. **17** Ward **Praire Du. Rocher II**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. **3** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
 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 **Marcel Palmer**
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 12/1883**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
45 6 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Housewife**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Red Bud**
 (STATE OR COUNTRY) **Ill.**

10. NAME OF FATHER **A. G. Miller**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Palestine**
 (STATE OR COUNTRY) **Ill.**

12. MAIDEN NAME OF MOTHER **Anna Offering**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Red Bud**
 (STATE OR COUNTRY) **Ill.**

14. INFORMANT **Marcel H. Palmer**
 (Address) **Praire Du Rocher Ill**

15. FILED **1** 19 **1929**
Max V. Staker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 30 - 1929**
 17. I HEREBY CERTIFY, That I attended deceased from **July 28**, 1929, to **August 20**, 1929, that I last saw him alive on **July 30**, 1929, and that death occurred, on the date stated above, at **6 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured ribs, pyosalpinx, General Peritonitis - Micro Organism unknown
 (duration) yrs. **2** mos. **7** ds.
 CONTRIBUTORY **Typhoid** (SECONDARY)
 (duration) yrs. **1** mos. **7** ds.

18. WHERE WAS DISEASE CONTRACTED **Praire Du Rocher, Ill**
 IF NOT AT PLACE OF DEATH... DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **June 28 1929**
 WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Exploratory Laparotomy**
 (Signed) **Chas Sixtus Rempel**, M. D.
July 30, 1929 (Address) **3524 Sheppard Ave**
 *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 **Praire Du. Rocher Ill.** DATE OF BURIAL **7-3-29**

20. UNDERTAKER **Fashner Und** ADDRESS **Red Bud, Ill**

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.

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Wadsworth