

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

Do not use this space.

29909

File No. 8962

Registered No. *[Signature]*

1. PLACE OF DEATH

County..... Registration District No. 702
Township..... Primary Registration District No. 1003
City St. Louis (No. 5757, Waterman Ave St. Ward)

2. FULL NAME

Samuel C. Palmer
(a) Residence, No. 5757 Waterman Ave Ward 5 (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Emily M. Palmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bus. Clergyman
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windham, Ohio

FATHER
13. NAME Sheldon Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Paul G. Palmer
142 Linden Ave, Clayton

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Aug 22 1931

19. UNDERTAKER (ADDRESS) Wagner Mfg. Co.
302 Belmont St.

20. FILED 19 31 Max C. Stanley Registrar
821-31 (Address) 4500 Olive St.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1931 to Aug 20 1931
I last saw him alive on Aug 20 1931 Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis - chr.
Primary seat of carcinoma
right hand
536
Other contributory causes of importance: 93C
Arteriosclerosis

Name of operation 536 Date of
What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify As W. H. Indulite M. D.
(Signed) As W. H. Indulite
(Address) 4500 Olive St.

WHITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. 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.

