

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.....)

Registration District No. **791**
1008

Primary Registration District No.

File No. **22449**
Registered No. **8242**
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Baby Palmer
1209 Sherman Road

(**Baby PALMER**
1209 Sherman Road)

Length of residence in city or town where death occurred **0** yrs. **0** mos.

ds. **23** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 34		
7. AGE YEARS 0	MONTHS 0	DAYS 0
		If LESS than 1 day, hrs. or min. 24
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
	13. NAME Henry Palmer
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
	15. MAIDEN NAME Katherine Pal.
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Wm. J. ...
18. BURIAL, CREMATION OR REMOVAL PLACE DATE City Hall 6-28-34
19. UNDERTAKER (ADDRESS) City Hall
20. FILED 1934 REGISTRAR J. A. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 6 1934**

22. I HEREBY CERTIFY, That I attended deceased from **July 5, 1934** to **July 6, 1934**

I last saw her alive on **July 6, 1934** Death is said to have occurred on the date stated above, at **12:20 a.m.**

The principal cause of death and related causes of importance were as follows:
New born, premature infant.

Other contributory causes of importance:
159

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **No**

23. 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?
If so, specify **2 Ent**
(Signed) **City Hosp**, M. D.
(Address) _____

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.

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

June
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 791
 Town St. Louis Primary Registration District No. 1003
 City St. Louis (No. City Hoops #1) St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1/2 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 5 50 1031 19 2 J. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1934

22. I HEREBY CERTIFY That I attended deceased from June 5 to June 6, 1934. I first saw him alive on June 6, 1934. Death is said to have occurred on the 6th above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Date of onset

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

23. 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?.....
 If so, specify..... (Signed)....., M. D.
 (Address).....

SUPPLEMENTARY

MISSOURI STATE BOARD OF HEALTH

5-22449