

REC'D SEP 12 1938

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

27623
Do not use this space.

791
1008

7637

1. PLACE OF DEATH

(a) County Registration District No. 1
(b) Township Primary Registration District No.
(c) City ST LOUIS. (d) Street No. 5408 S. BROADWAY St. 15
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY A. PALMER 456

(a) Residence, No. 5408 S. BROADWAY St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1936, to Aug 27, 1938
I last saw him alive on Aug 26, 1938. Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 16. 1862

7. AGE YEARS 76 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. or min.

Cerebral Hemorrhage Date of onset Aug 25/38
arteriosclerosis (Senile Degeneration) ?
Chr. Hypertension ?

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

FATHER 13. NAME UNKNOWN

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) JOHN HOERR
5408 S. BROADWAY

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS CEM DATE AUG. 29 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) JOS. P. FENOLER JR
7128 MICHIGAN AV.

20. FILED AUG 28 1938 J. D. Brechee
Local Registrar.

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) Max Standoff, M. D.
(Address) 512 S. W. Ave.

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.

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

Registered Apprentice No., working under my personal supervision.

Signed.....

J. C. Funder

Licensed Embalmer No.

9205

P. O. Address.....

17 Rain me

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 this body is not embalmed, above space should be left blank.