

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

33706  
 Do not use this space.

791  
1003

Registered No. 8692

NOV 13 1938

### 1. PLACE OF DEATH

(a) County..... Registration District No. ....  
 (b) Township..... Primary Registration District No. ....  
 (c) City St. Louis Mo. (d) Street No. 4431 S. Broadway ..... St.  
 (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

456 Ella W. Palmer

(a) Residence, No. 4431 S. Broadway St. 15 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

### 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  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William N. Palmer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-23-1847  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
91 2 11

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Oct., 1930, to Oct 4, 1938  
 I last saw him alive on Oct 3, 1938. Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset years

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

Other contributory causes of importance:  
Arterio-sclerosis  
Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo.

FATHER 13. NAME William Limerick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

MOTHER 15. MAIDEN NAME Rebecca Ann Thomas  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Miss May Sharpe 6042 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington Mo. DATE Oct. 7, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander and Sons 6175 Delmar Blvd.

20. FILED OCT 5 1938 J. Bredeck Local Registrar.

Name of operation none 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? no 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 Chast. Hyndman  
 (Signed) Chast. Hyndman  
 (Address) 3720 Washington

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.

3720  
J. E. McCulloch  
6111

**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, .....

*Jose E. McCulloch* ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Jose E. McCulloch* .....

Licensed Embalmer No. *2460* .....

P. O. Address *6125 Delmar* .....

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.