

Registration District No.

201

Primary Registration District No.

1. PLACE OF DEATH:

1008

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3231 LEADS AV. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 456

3. (a) PRINT FULL NAME STILLBORN PALMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG. 15 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day	
				hr.	min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name LAWRENCE PALMER
13. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)
14. Maiden name GRACE RYAN
15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lawrence Palmer

(b) Address 3605 Mc Donald av.

17. (a) BURIAL (b) Date thereof AUG 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director E. J. Schuur

(b) Address 8125 Lafayette av.

19. (a) AUG 15 1939
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3605 Mc DONALD AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 15 day 1939
year _____ hour 1030 minute 20 M.

21. I hereby certify that I attended the deceased from Aug 15 1939, 19 _____, to Aug 18 1939 that I last saw him alive on Wed Aug 15 1939 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to 5 month heart failure

Due to _____
Other conditions asphyxia terminalis
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury no

23. Signature Dr. J. H. ...
Address 206 Ludell Trust Bldg. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

P. 1. XES11

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.....

Licensed Embalmer No.....

P. O. Address.....

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.