

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9231
Registrar's No. 2714

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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:
2841a Lafayette Ave
(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)

3. (a) PRINT FULL NAME Sallie Palmer

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased December 10 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 12 hr. _____ min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Ross
18. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Hogg
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie Palmer
(b) Address 2841a Lafayette

17. (a) Burial (b) Date thereof 3/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McKenzie Tenn.

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur / 3125 Lafayette

19. (a) MAP 23 1940 (b) J. B. Bader
(Date received local health officer's report) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2841a Lafayette
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1940 hour 7:30 minute _____ P _____ M.

21. I hereby certify that I attended the deceased from Jan 17 40 to March 22 1940
that I last saw her alive on March 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of
liver and right
kidney
Due to probable primary site
Due to right kidney
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 53
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. B. Bader (M. D. or other) _____
Address 1446 S. Grand Date signed March 23/40

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.....

Joseph B. Volmer

Licensed Embalmer No. *4014*

P. O. Address.....

3125 La Fayette Ave

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.