

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27261

State File No. _____

Registrar's No. 7157

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2766a N. Prairie Ave. 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 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2766a N. Prairie Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd.
year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from once
Aug. 21st, 19 40 to _____, 19 _____;

that I last saw him alive on Wednesday Aug. 21st 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death acute gastritis 4:30 A
bro't on heart attack.

Due to acute gastritis, had midnight
lunch. heavy eater

Due to diabetes chronic

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations No operation

Of autopsy None

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 1A

23. Signature Archie Nichols (M. D. or other) D.O.
Address Apt. 314 Park Plaze Hotel signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Thomas A. Palmer 1156

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hazel Palmer 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec 21 1894
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Keeper

11. Industry or business _____

12. Name Thomas Palmer

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Keubler

15. Birthplace dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Palmer, Jr.

(b) Address 2766a N. Prairie Ave

17. (a) Burial (b) Date thereof Aug 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Venhalla Gemetery

18. (a) Signature of funeral director James J. Cullinan

(b) Address 1710 N. Grand Boul.

19. (a) AUG 24 1940 (b) J. J. Redbeck
(Date received local registrar) (Registrar's signature)

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.....

John Ketter

Licensed Embalmer No.

3880

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.