No. 2
1-4-41
17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30222

FILED OCT 18 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7561

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: 2821 HENRIETTA ST.
(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)

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. 2821 HENRIETTA ST.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRY R. PALMER.

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GRACE PALMER

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased FEB. (Month) 3 (Day) 1881 (Year)

8. AGE: Years 60 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name ISACC PALMER
13. Birthplace NEW YORK. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JULIA BILLINGHARDT.
15. Birthplace NEW YORK. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Palmer.
(b) Address 2821 Henrietta St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

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

19. (a) SEP 19 1941 (Date received local registrar) (b) J. C. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 17 year 1941 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 16 1941 to Sept 17 1941 that I last saw him alive on Sept 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of

Due to Lung.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 1446 S. Grand Date signed Sept 19 1941

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.