V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16534

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4493

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: Missouri Pacific Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four Weeks (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Alabama (b) County 17
(c) City or town Mobile 9 NR.
(If outside city or town limits, write "RURAL")
(d) Street No. 119 North Ann Avenue
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country .....

~~Welton Lyon Palmes~~

3. (a) PRINT FULL NAME Welton Lyon Palmes

3. (b) If veteran, Yes name war Last World War

3. (c) Social Security No. 705-01-8890

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Grace Palmes

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased August 25th 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Moss Point Mississippi 1
(City, town, or county) (State or foreign country)

10. Usual occupation Ass't To Comptroller

11. Industry or business Gulf Mobile & Ohio R. R.

FATHER
12. Name Jermiah Palmes
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dorsey
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Palmes
(b) Address 119 N. Ann Ave. Mobile Alabama

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mobile, Alabama

18. (a) Signature of funeral director Wm. J. Robert
(b) Address 1905 S. Grand Blvd

19. (a) MAY 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1942 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 24th 1942 to May 22nd 1942 that I last saw him alive on 5/22 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Bilateral pyonephrosis	
Due to Bilateral Nephrolithiasis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 O

23. Signature Harry S. Cron (M. D. ~~or other~~)
Address Mo. Pac. Hospital Date signed 5/23/42

(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 Howard Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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, fact should be so stated above.