

Registration District No. **168**

Primary Registration District No. **3030-5592**

Registrar's No. **114**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **Leotos, rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Joachim**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **2830 Acorn St** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **NORMA JEAN PALMER**

3. (b) If veteran, name war
3. (c) Social Security No. **497-16-9977**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Charles S. Palmer** 6. (c) Age of husband or wife if alive **17** years
7. Birth date of deceased **Feb. 13 1930**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 2 7 hr. min.

9. Birthplace **Lutetia, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **sales work**

11. Industry or business

MOTHER FATHER
12. Name **George Myers**
13. Birthplace **Bollinger Co, Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Arizona Derry**
15. Birthplace **Raynolds Co, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Charles S. Palmer**

(b) Address **2830 Acorn - St. Louis Mo**

17. (a) **Burial** (b) Date thereof **4-24-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis**

18. (e) Signature of funeral director **Dr. Laughton**

(b) Address **2301 Lafayette St. Louis**

19. (a) **Apr 21, 1944** (b) **Wm. L. Williams**
(Day received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1944** hour **8:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **held in inquest on April 20, 1944** to **19**;

that I last saw **alive on** **19**;

and that death occurred on the date and hour stated above.

Immediate cause of death **was due to a heart attack.**

Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

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 **3**

23. Signature **Norman W. Welch, Jr. City of St. Louis**

Address **Crystal City, Mo.** Date signed **4/20/44**

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

SEP 25 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-21-44

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, fact should be so stated above.