

FILED OCT 6 1945

318

STANDARD CERTIFICATE OF DEATH

State File No. 29303

Registration District No.

Primary Registration District No.

1003

Registrar's No. 8455

1. PLACE OF DEATH:

(a) County St. Louis mo
(b) City or town St. Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Nursing Home 4
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4237 Gibson 9/18
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES EDWARD PALMER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 6 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Mill Worker

11. Industry or business Nutting Best + Son Co

12. Name Unknown

13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Bess E. Goin

(b) Address 4237 Gibson

17. (a) Removal (b) Date thereof 9-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heckman Kentucky

18. (a) Signature of funeral director Best Funeral Home

(b) Address 4237 Gibson

19. (a) SEP 30 1945 (b) J. F. Breese
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th
year 1945 hour 7 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1
1945 to Sept 28 1945
that I last saw him alive on Sept 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature G. E. Emerson (M. D. or other) _____

Address 5022 Maple Date signed _____

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

00
17
9

*Dr Emerson
5007 Maple*

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 *Richard W Storrund*
Licensed Embalmer No. *4007*
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.