

FILED AUG 31 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution part of 1 day  
In this community Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1817 South Seventh  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MYRA PALMER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph Palmer 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased August 16 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 11 13 hr. min.

9. Birthplace Jefferson County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Thomas Ryan

13. Birthplace Jefferson County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Pierce

15. Birthplace Jefferson County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John Palmer

(b) Address 5210 Eastgate, E. St. Louis, Ill.

17. (a) Burial (b) Date thereof Aug. 1, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER U. & L. CO.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUL 30 1946 (b) J. F. Breueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1946 hour 3 minute P. M.  
21. I hereby certify that I attended the deceased from July 27 to July 29, 1946  
that I last saw her alive on July 27, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Diabetic mel.  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_  
Of autopsy 61

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 \_\_\_\_\_

23. Signature C. J. Kuppel (M. D. or other) \_\_\_\_\_  
Address 905 Morrison Date signed 7/30/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2444

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. Schenacker*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

**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.