. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28944

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 7385

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:
4221 Papin 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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4221 Papin St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY PALMER

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mary Palmer

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August (Month) 24th (Day) 1877 (Year)

8. AGE: Years 69 | Months 0 | Days 0 | If less than one day hr. min.

9. Birthplace Adaville, Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business --

MOTHER FATHER

12. Name George Palmer

13. Birthplace Unknown, Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Mariah, Unknown

15. Birthplace Unknown, Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Palmer
(b) Address 4221 Papin Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/46 (Month) (Day) (Year)
(c) Place of burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates.
(b) Address 4107 Finney Ave.

19. (a) AUG 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th year 1946 hour 3:10 minute a M.

21. I hereby certify that I attended the deceased from July 23 46, 19, to 8/24-46, 19;
that I last saw him alive on 8/22 46, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis acute	1 wk
~~Due to~~ ~~Arthritis~~	
Due to	
Other conditions Asthma, recurrent (Include pregnancy within 3 months of death)	5 yr

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

23. Signature L. R. Wentzel (M. D. or other) MD.
Address 2726 Chouteau Date signed

(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

Chas. J. Gates, Registered Apprentice No.,

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney

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.