S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15512

FILED APR 23 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2710

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ mos. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")

(d) Street No. 4150 a Finney 95
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucy Palmer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 60 yrs			hr. min.

9. Birthplace unknown 4
(City, town, or county) (State or foreign country)

10. Usual occupation House wife 1

11. Industry or business

MOTHER FATHER

12. Name unknown 9

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

14. Maiden name unknown

15. Birthplace unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Harris

(b) Address 4150a Finney

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Benjie Lee

(b) Address 3103 Washington

19. (a) APR 8 1947 (Date received local registrar) (b) J. F. Bratcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1947 hour 12 minute P M.

21. I hereby certify that I attended the deceased from 1-22, 1947, to 4-6, 1947; that I last saw her alive on April 6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Pancreas	Undet.
Generalized Metastasis	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy None

PHYSICIAN

Underline the cause of 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

23. Signature Edw B Williams (M. D. or other)

Address 2601 N Whittier Date signed 4/7/47

Jefferson City Printing Co.

(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.....W. Lafayette Gordon

Licensed Embalmer No.....3489

P. O. Address.....4575 Aldine

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.