

STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1947

State File No.

8641

Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

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: Deaconess
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 17 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town..... DeSoto
(If outside city or town limits, write "RURAL")
 (d) Street No. 812 N. Second St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

Sarah Palmer

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

3. (c) Social Security No. Nope

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas. B. Palmer

6. (c) Age of husband or wife if alive 76 1/2 years

7. Birth date of deceased

Feb.
(Month)

24
(Day)

1873
(Year)

8. AGE:

Years

Months

Days

If less than one day

74

6

17

hr.

min.

9. Birthplace

Jefferson Co.
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

None

MOTHER { 12. Name

John Degard

13. Birthplace

Mo.
(City, town, or county)

Mo.
(State or foreign country)

14. Maiden name

Catherine Collins

Mo.
(City, town, or county)

Mo.
(State or foreign country)

16. (a) Informant

Chas. B. Palmer

(b) Address

DeSoto, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Sept. 14 1947

(Month) (Day) (Year)

(c) Place: burial or cremation

Woodlawn Cem. DeSoto, Mo.

18. (a) Signature of funeral director

J. F. Muthershead

(b) Address

DeSoto, Mo.

19. (a) SEP 13 1947

(Date received local registrar)

(b)

J. F. Bredsch
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11
year 1947 hour 6 minute 08 P.M.

21. I hereby certify that I attended the deceased from August 25 1947, to September 11 1947
that I last saw her alive on Sept 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis - Svc

Duration

Due to

Following Circulatory Collapse

Due to

Follow Shock of Operation for Uterine Prolapse

Other conditions

Uterine Prolapse

(Include pregnancy within 3 months of death)

Intestinal Peristalsis of Esophagus

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

23. Signature Charles L. Reynolds (M.D. or other)
Address 1150 Oaklawn Ave Date signed 9-11-47

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

179

8647

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

J. E. Mottushead

Licensed Embalmer No.

3531

P. O. Address

Reseda - MD

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.