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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6853

Primary Registration District No. 1003

Registrar's No. 1291

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1329 Allen Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRED PALMER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased July 3-1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Henry Palmer

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

MOTHER 14. Maiden name Helen Buchanan

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

16. (a) Informant Rose Zobrist

(b) Address 1329 Allen Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Wm. C. Mayfield

(b) Address 1926 Allen Avenue

19. (a) FEB 7 1948 (Date received local registrar) (b) J. F. Prescott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th year 1948 hour 2 minute 20 P M.

21. I hereby certify that I attended the deceased from 1/16/48, 19, to Feb. 5th 19 48 that I last saw him alive on Feb. 5th 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure from arteriosclerotic Heart Disease

Due to

Due to

Other conditions Carcinoma of Stomach (Include pregnancy within 3 months of death) Resection 4 days ago

Major findings: Of operations Carcinoma of stomach, total gastrectomy & splenectomy

Of autopsy

Duration

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 C. R. Dalton (M.D. or other)

Address 1515 Lafayette Date signed 2/5/48

(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 .....

..... Me ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.