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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34546

State File No.

FILED NOV 12 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 9525

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:
4246 Randell Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4246 Randell Pl. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carl M. Palm

3. (b) If veteran, name war None

3. (c) Social Security No. 488-01-9588

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Goldie White Palm

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

7. Birth date of deceased Dec. 7. 1895
(Month) (Day) (Year)

8. AGE: Years 52 | Months 10 | Days 24 | If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Mississippi Valley Stock Yds.

FATHER
12. Name Nils Palm
13. Birthplace Sewden 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Sewden 4
(City, town, or county) (State or foreign country)

16. (a) Informant Goldie White Palm
(b) Address 4246 Randell Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/48
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Ave.

19. (a) NOV 3 1948 (Date received local registrar) (b) J. B. Lasaler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1948 hour 1:3 1 minute P. M.

21. I hereby certify that I attended the deceased from March 5, 1948, to Oct 31, 1948; that I last saw him alive on Oct 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis —

Due to Carcinoma of the Stomach

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] M D (M. D. or other)

Address 2114 E Grand Date signed Nov 1-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Al A. Gerrit
2114 E. Grand
Oc 2505

JAN 10 1956

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.