

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21893

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5088**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis) | | c. LENGTH OF STAY (In this place) township) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | e. STREET ADDRESS (If rural, give location) 4461 Lexington | |

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|-------------------------------------|--------------------------|-------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Minnie | b. (Middle) | c. (Last) Palmer | 4. DATE OF DEATH (Month) (Day) (Year) June 8, 1950 |
|-------------------------------------|--------------------------|-------------|-------------------------|--|

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|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 14, 1889 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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|---------------------------------------|--|---|
| 13a. FATHER'S NAME Henry Finke | 13b. MOTHER'S MAIDEN NAME Marie VonBehren | 14. NAME OF HUSBAND OR WIFE Richard Palmer |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) None | 16. SOCIAL SECURITY NO. ENIENWNO | 17. INFORMANT'S SIGNATURE OR NAME Richard Palmer, 4461 Lexington Ave. | ADDRESS |
|---|---|--|---------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus | | INTERVAL BETWEEN ONSET AND DEATH 10 days yes. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Renal Disease | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|---|--|---------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? HAZ |
|---|--|---------------------------------------|

22. I hereby certify that I attended the deceased from **Sept 1, 1949**, to **June 8, 1950**, that I last saw the deceased alive on **June 8, 1950**, and that death occurred at **11:35 Pm.**, from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE Arthur S. ... M.D. (Degree or title) | 23b. ADDRESS 2202 University St. | 23c. DATE SIGNED June 9, 1950 |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6/12/50 | 24c. NAME OF CEMETERY OR CREMATORY, Zions Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri |
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| DATE OF REGISTRATION BY LOCAL REG. 6/9/50 | REGISTRAR'S SIGNATURE J. B. Lazarus | 25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. CO., 3710 N. Grand Bl. | ADDRESS |
|--|--|---|---------|

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

Dr. Hurdland
22. C. H. H. H.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address _____

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.