No. 300
10.48

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

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18451

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4319

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place): 7 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEACONESS HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: VIRGINIA
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARLINGTON 8450
d. STREET ADDRESS (If rural, give location): 1606 N RHODES

**3. NAME OF DECEASED** (Type or Print)
a. (First): EMILIE
b. (Middle): IZORA
c. (Last): PALMER

**4. DATE OF DEATH** (Month) (Day) (Year): 5 - 6 - 1951

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: 5-13-1872
**9. AGE** (In years last birthday): 78 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): AT HOME
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): BEAUFORT N. C.
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Wm H. BUSHALL
**13b. MOTHER'S MAIDEN NAME**: ANN MARIA PIVER
**14. NAME OF HUSBAND OR WIFE**: Wm WALTER PALMER
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO | (If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT'S SIGNATURE OR NAME**: Nena Palmer Wheeler | ADDRESS: as above

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Occlusion of the left coronary artery — INTERVAL BETWEEN ONSET AND DEATH: About 1 1/2 mo.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☒ NO ☐

**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):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: H201

22. *I hereby certify that I attended the deceased from* March 19, 1951, *to* May 6, 1951, *that I last saw the deceased alive on* May 6, 1951, *and that death occurred at* 2:55 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: H. A. GOODRICH (Degree or title) M.D.
**23b. ADDRESS**: 19 E. Lockwood, Webster Groves 19, Mo.
**23c. DATE SIGNED**: 5-7-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 5-8-1951
**24c. NAME OF CEMETERY OR CREMATORY**: BELLEFONTAINE
**24d. LOCATION** (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REG. MAY 8 1951
REGISTRAR'S SIGNATURE: J. B. Parson
**25. FUNERAL DIRECTOR'S SIGNATURE**: Parker-Aldrich & Home
ADDRESS: Web. Groves Mo.

(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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.