No. 300
10.48

FILED MAY 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15012

State File No.

BIRTH NO. REG. DIST. NO. 3317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1078

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY OR TOWN: Clayton
c. LENGTH OF STAY (in this place): 40 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 131 Linden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
d. STREET ADDRESS (If rural, give location): 131 Linden

3. NAME OF DECEASED (Type or Print)
a. (First): Lulu
b. (Middle): Dowd
c. (Last): Palmer

4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 52

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/17/1868

9. AGE (In years last birthday): 83 — If under 1 year: Months 4, Days 5; 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: UNKXX

11. BIRTHPLACE (State or foreign country): Saint Louis

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ? Dowd

13b. MOTHER'S MAIDEN NAME: Luellan Woodward

14. NAME OF HUSBAND OR WIFE: Harry Palmer Dec'd

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.: None

17. INFORMANT'S SIGNATURE OR NAME: L. S. Krug — ADDRESS: 131 Linden, Clayton

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) Hemiplegia st - Thrombosis cerebral artery — Interval: 5 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterial sclerosis — Interval: 4 years

DUE TO (c) Cerebral thrombosis old. — Interval: 1946

Hypertension — Interval: many years

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive & A-S Heart disease — Interval: many years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 332X

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?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 4/22/52, 19___, *that I last saw the deceased alive on* 4/22/52, 19___, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Llewellyn Sale — (Degree or title): M.D.

23b. ADDRESS: 4500 Olive, St Louis

23c. DATE SIGNED: 4/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4/24/52

24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine

24d. LOCATION (City, town, or county) (State): Saint Louis Mo.

DATE REC'D BY LOCAL REG.: 4-24-52

REGISTRAR'S SIGNATURE: Herbert R. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Robert J. Ambruster, Inc. 6633 Clayton

S W (Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Ernest W. Spillard

Signed.....
Student Embalmer

Licensed Embalmer No. 4080

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.