

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0825

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 OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 28 yrs.		e. STREET ADDRESS (If rural, give location) 4843 Lee Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4843 Lee Avenue		7	

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle) F.	c. (Last) PALLMEIER	4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 8	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec. and Treasurer	10b. KIND OF BUSINESS OR INDUSTRY Shoe Workers	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Pallmeier	13b. MOTHER'S MAIDEN NAME Louise Sandkuehler	14. NAME OF HUSBAND OR WIFE Christine Buerk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 488-10-8247	17. INFORMANT'S SIGNATURE OR NAME Mrs. Christine Pallmeier Lee	4843 ADDRESS Lee Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tracheo-bronchial carcinoma		
	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 Dec 1952	19b. MAJOR FINDINGS OF OPERATION Diagnosis confirmed. Excision infeasible	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 162X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 1952, to Jan. 25, 1954, that I last saw the deceased alive on Jan. 23, 1954, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Inscribed or title) Geo. Reuvert R.C. 1	23b. ADDRESS 4807 Natural Bridge	23c. DATE SIGNED 1/26/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 28 1954	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County
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DATE REC'D BY LOCAL REG. JAN 26 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE 4746 ADDRESS Bromschwig and Son W Florissant
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *M. Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.