

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003

State File No. 42487
Registrar's No. 11245

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 42487	
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Holo / Riverview Gardens		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				e. STREET ADDRESS (If rural, give location) 10063 Stimson Drive			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) August		c. (Last) Pallmeyer		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2, 1891	9. AGE (In years last birthday) 64 yrs	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) Butcher		10b. KIND OF BUSINESS OR INDUSTRY American Pkg. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Pallmeyer			13b. MOTHER'S MAIDEN NAME Maria Unknown		14. NAME OF HUSBAND OR WIFE Ruby Pallmeyer (Stillman)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruby Pallmeyer, 10063 Stimson Dr 15			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Neurotoxic ANTECEDENT CAUSES Arterio Sclerosis 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. Bangren Foot					INTERVAL BETWEEN ONSET AND DEATH 4 days
19a. DATE OF OPERATION June 1954		19b. MAJOR FINDINGS OF OPERATION Bangren Foot				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 3314			
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? _____			
22. I hereby certify that I attended the deceased from <u>12-1</u> , 19 <u>55</u> , to <u>12-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>55</u> , and that death occurred at <u>8 A/M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. Knight, Sr.				23b. ADDRESS 8201 N Broadway 4 Lane		23c. DATE SIGNED 12-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 23, 1955	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.		
DATE REC'D BY LOCAL REG. DEC 23 1955		REGISTRAR'S SIGNATURE Calvin F. Feutz MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd. 15			

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 *Ralph E. Zindera*.....

Licensed Embalmer No. *4-27*.....

P. O. Address *So. Zoeni*.....

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.