

Dept. Health,
oc., & Welfare
S. Public
Health Service

V. S. 300
Rev. 1-57

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42431

STATE FILE NUMBER
11210

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If outside, give location) 1118 N. Grand Blvd.	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last REV. THOMAS PALMER		4. DATE OF DEATH Month Day Year Nov. 21 1957	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 5, 1882
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest of C.S.S.R. Order	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Melvin Palmer	
13b. MOTHER'S MAIDEN NAME Unknown Casey		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give type of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Rev. Milton F. Girse-1118 N. Grand Bl.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Left Hip and Left shoulder. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Suffered when deceased			INTERVAL BETWEEN ONSET AND DEATH E904 ⁰ 21
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. HOW INJURY OCCURRED: Enter nature of injury in PART I (a), (b), or (c). Fell on street at 1118 N. Grand Ave., on November 19th	
20c. TIME OF INJURY 7:45 p.m. 11 1957		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) 21. City, town, or location St. Louis Mo	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis Mo	
21. I attended the deceased from Death occurred at 340 A		to and last saw her/him alive on m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE James M. Seely, Esq.		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 11-22-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	
23b. DATE 11-25-1957		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) Liguori, Mo.		(State)	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. NOV 22 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD		27. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

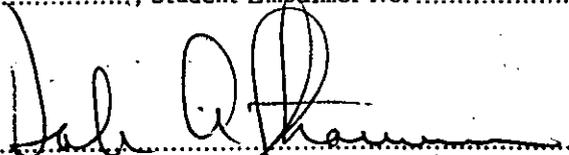
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4533

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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