

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

34958

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003 File No. 10104  
 City St. Louis (No. 5830 Westminister Pl. St. 10104 Ward)

**2. FULL NAME**

Harrist B. Windsor  
 (a) Residence, No. 5830 Westminister St. Ward. 5  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widowed  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7<sup>th</sup> 1835  
 7. AGE YEARS MONTHS DAYS 92 0 4 If LESS than 1 day, hrs. or min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer) At home  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Henry B. Palmer  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Harrist Butler  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York  
 (STATE OR COUNTRY)

14. INFORMANT H. T. Windsor  
 (Address) Botanna St.  
 15. FILED Nov 12, 1927 Marie Starckoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11<sup>th</sup> 1927  
 17. I HEREBY CERTIFY, That I attended deceased from October 4<sup>th</sup> 1927, to November 11<sup>th</sup> 1927, that I last saw him alive on November 10<sup>th</sup> 1927, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
9 1/2  
1 1/2  
Cerebral Hemorrhage,  
Epilepsy (duration) yrs. 1 mos. 9 ds.  
 CONTRIBUTORY Senile Debility  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED NY  
 IF NOT AT PLACE OF DEATH  
 19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Examinations  
 (Signed) August G. Hochman, M. D.  
Nov 11 1927 (Address) 6194 Delaware Blvd.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chicago, Ill. DATE OF BURIAL Nov. 13 1927  
 20. UNDERTAKER Wayner ADDRESS 3621 Olive

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

