

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

Do not use this space.

**1. PLACE OF DEATH**

County..... St. Louis ..... Registration District No. 791  
 Township..... Thomas ..... Primary Registration District No. 1903  
 City..... St. Louis (No. City of St. Louis) ..... St. .... Ward)

File No. 7018  
 Registered No. 1884

**2. FULL NAME**

(a) Residence. No. 2018 P. Boulevard St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 | 9 | 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Day Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer). Porter  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Edward J. Palitte

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Elizabeth Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) City of St. Louis

15. FILED 19 20 Max C. Barker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1920

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1920 to Jan 21 1920 that I last saw him alive on Jan 21 1920, and that death occurred, on the date stated above, at 6 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis with Terminal Hypostatic Pneumonia  
Chronic Cystitis  
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Gross Pathology

(Signed) Carl P. Hays M.D.

21, 1920 (Address) City Hospital

\*State the DISEASE CAUSING DEATH, or 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 DATE OF BURIAL

Hercules Mo. Feb. 23 1920

20. UNDERTAKER ADDRESS

Wacker-Hallock 2331 No. Broadway

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

Colly