

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. *798*
Township..... Primary Registration District No. *1000*
City *St. Louis* (No. *City of St. Louis*) St. *10* Ward

6419

File No.
Registered No. **1458**

2. FULL NAME

Henry J. Pallmann
(a) Residence, No. *4223* *Norfolk Ave* St. *10* Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. Michael 8 70</i>		
7. AGE YEARS <i>abt. 61</i>	MONTHS <i>5</i>	DAYS <i>Unknown</i>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>retired Deputy Sheriff</i>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>8 or 10 yrs.</i>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>	
FATHER	13. NAME <i>Herman Pallmann</i>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 10</i>
MOTHER	15. MAIDEN NAME <i>Anna Kemeyer</i>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
17. INFORMANT <i>Wm. R. Pallmann</i> (ADDRESS) <i>4223 Norfolk Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peters</i> DATE <i>2-15-32</i>		
19. UNDERTAKER <i>Kriegshausen</i> (ADDRESS) <i>4228 Norfolk Ave</i>		
20. FILED <i>15 1932</i> Registrar <i>Wm. R. Pallmann</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-12-32*

22. *No Physician attendance*
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at *7 P.* m.

The principal cause of death and related causes of importance were as follows:
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Guns shot wound of chest and abdomen caused by bullet fired from gun during "hold up" by parties

Other contributory causes of importance:
unknown to family

173 Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Homicide* Date of injury *2/12/1932*
Where did injury occur? *St. Louis* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *In home*

Manner of injury *Guns shot wound of chest*
Nature of injury *and abdomen*

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *Wm. R. Dever*
(Address) *Common*

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.

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