

**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. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 1452 Benton St.)

File No. 42207
Registered No. 1-1282
St. Ward)

2. FULL NAME

(a) Residence, No. 1452 Benton St., 76 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19-1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Barley mo

13. NAME Ruben Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Elizabeth Frame

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Elizabeth Bunch
(ADDRESS) 1452 Benton St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE 1-2-34

19. UNDERTAKER A. H. Hoppe
(ADDRESS) 429 St. Genevieve

20. FILED DEC 31 1933
J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30, 1933
22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1933 to 12-28, 1933
I last saw him alive on 12-28, 1933 Death is said to have occurred on the date stated above, at 4:44 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset Aug 1933
Cancer of rectum
460
Other contributory causes of importance 44

Name of operation none Date of none
What test confirmed diagnosis? l Was there an autopsy? l

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Lamin Byars, M. D.
(Signed) Burns Hoop
(Address)

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.

JAN 26 1934

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH

