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

Do not use this space.

22261

File No. 5603

Registered No.

791

1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. , Sanitarium St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME John Palmer

(a) Residence, No. Ozanam Shelter St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Richard Palmer

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Margaret Casey

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

17. INFORMANT Dr Mullenix M.D.
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE June 20, 1934

19. UNDERTAKER J. J. Lefler
(ADDRESS) 3133 Broadway

20. FILED JUN 19 1934 J. A. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1934, to 6-17, 1934.
I last saw him alive on 6-17, 1934. Death is said to have occurred on the date stated above, at 10 15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 2 3 4	
Intestinal Obstruction	6-13-34
Partial (Volvulus)	
Other contributory causes of importance:	
Senile Dementia	3-26-34
(Cause of volvulus + obstruction unknown - no previous operation)	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

(Signed) Dr Mullenix, M. D.
(Address) 5400 Arsenal

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.

WRITE PLAINLY, WITH INKPADDING INK—THIS IS A PERMANENT RECORD