

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis
Township Central
City St. Louis (No. 1535, Engelholm Ave. St. Ward)

Registration District No. 189
Primary Registration District No. 6033

File No. 26325
Registered No. 223

2. FULL NAME Charles P. Palmer

(a) Residence, No. 1535 Engelholm Ave., 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maudie Palmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17, 1874</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>4</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Picker Chemical</u>	
	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) <u>Missouri</u>		
MOTHER	13. NAME <u>Dont know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>	
	15. MAIDEN NAME <u>Dont know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>	
17. INFORMANT <u>Mrs. Maudie Palmer</u> (ADDRESS) <u>1535 Engelholm Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dark Loun Cem</u> DATE <u>July 24, 1934</u>		
19. UNDERTAKER <u>G. L. Reitsch Inc.</u> (ADDRESS) <u>5946 Eastern Ave.</u>		
20. FILED <u>4-24-34</u> 19 <u>34</u> <u>W. A. Bachner</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to July 21, 1934
I last saw him live on 19 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Extreme heat Date of onset 191-97-102
Other contributory causes of importance 305

Name of operation Date of
What test confirmed diagnosis? Autopsy 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? no
If so, specify
(Signed) J. P. Turner, M. D.
(Address) 6753 Page

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.

AUG 1 1934

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OK
ONE

Wm. J. W. ...
6753 Page

Pa 3155

White male, senile age, became seriously ill, thurmic heat. Went into complete prostration. Died about two hours following. Due to myocardial changes, f vascular sclerosis, ~~acute~~ acute heat exhaustion & demise within two hours time after collapse.

J. S. Turner, M.D.
Crown Point, Ind., No.
7/23/34