

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.

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

Do not use this space.

DEC 3 1936

42926

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
St. Anthony's Hospital

File No.....  
Registered No. 11498  
St. .... Ward)

2. FULL NAME Mary Jane Palmer

(a) Residence, No. 3523 Utah Place St., 16 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pruitt Palmer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1868</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>68</u>	<u>6</u>	<u>6</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) Illinois

13. NAME Andrew Collins

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

15. MAIDEN NAME Mary Houlihan

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

17. INFORMANT Mrs. Katie H. Salmon  
(ADDRESS) 3523 Utah Place

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem. DATE Nov. 21, 1936

19. UNDERTAKER Arthur J. Donnelly Undt. Co  
(ADDRESS) 3840 Lindell Blvd.

20. FILE NO. NOV 19 1936 J. T. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to Nov. 18, 1936  
I last saw him alive on Nov. 18, 1936 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset

*[Signature]*

Other contributory causes of importance:  
Coronary thrombosis 11/15/36

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) E. H. Regel, M. D.  
(Address) 377 2 80 Broadway

3772 So. Broadway Pr. 0416  
after 10<sup>30</sup> am.