

APR 9 1937

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. ....

Township.....

Primary Registration District No. ....

City St. Louis(No. 5618 Cabanne Ave.)

File No. ....

10142

Registered No. ....

2706

St. ....

Ward) .....

2. FULL NAME Mary W. Palmer(a) Residence, No. 5618 Cabanne Ave. St. 5 Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Charles H. Palmer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1847

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

898

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

None

## 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) Penfield, N. Y.  
(STATE OR COUNTRY)13. NAME Erastus K. Weaver14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)15. MAIDEN NAME Ursula Dryer16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)17. INFORMANT Mrs. Frank Jewett  
(ADDRESS) 5618 Cabanne Ave.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crematory Mar. 10. 193719. UNDERTAKER Alexander & Sons  
(ADDRESS) 6175 Delmar Blvd.20. FILED MAR 9 1937J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1934, to March 7, 1937I last saw her alive on March 7, 1937 Death is saidto have occurred on the date stated above, at 2:00 p.m.

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

Broncho PneumoniaDate of onset  
March 6

Other contributory causes of importance:

Paraplegia Results of Jan 34Cerebral hemorrhage

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) Paul Kincaid M. D.(Address) Chancellor Park, St. Louis

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.

Paul Webb

Chemical Building

Ch. 6983