No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23609

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6054

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4002 Shaw Blvd 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town Nobel N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 1 Rural #1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Palmer 1456

3. (b) If veteran, name war Spanish-Amn

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Records Palmer

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb (Month) 2 (Day) 1863 (Year)

8. AGE: Years 77 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Bethel (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Owner

11. Industry or business General Merchandise

FATHER
12. Name Henery Palmer
13. Birthplace Bethel (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mary unknown
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs Clara Records Palmer
(b) Address 4002 Shaw Bl.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-19-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Christopher Ill

18. (a) Signature of funeral director Gilbert Funeral Home
(b) Address Christopher, Ill.

19. (a) JUL 19 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1940 hour 6:00 minute a M.

21. I hereby certify that I attended the deceased from July 9, 1940 to July 17, 1940
that I last saw him alive on July 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cholangitis
Chr myocarditis
Due to obstruction of bile ducts from
Due to mechanical or inflammatory means
Other conditions Senility
(Include pregnancy within 6 months of death)
unknown as to stones

Major findings:
Of operations
Of autopsy 93C

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C H Kilker (M. D. or other)
Address 3121 No Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.H. Ki
3121 N G

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.