

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 12 years

3. (a) PRINT FULL NAME Theresa Palmer Green Garner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robert L. Palmer 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Aug. 28 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Montgomery City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Please Green

13. Birthplace Montgomery City Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Russella Wilson

15. Birthplace Montgomery City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl M. Ginn

(b) Address 3377 Market St.

17. (a) Burial (b) Date thereof 2-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cmty.

18. (a) Signature of funeral director Eth's Funeral Home

(b) Address 2820 Stoddard

19. (a) FEB 16 1942 (b) J. D. Brodock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3111 Laclede
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13, 1942
year _____ hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from January 31, 1942, to February 13, 1942 that I last saw her alive on February 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 5 days

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: 107
Of operations _____

Of autopsy 107

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other) _____

Address 2617 W. 11th Date signed 2/16/42

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 *myself*

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Lonnie Boykin

Licensed Embalmer No.

29406

P. O. Address.....

St. Louis Mo

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

If this body is not embalmed, fact should be so stated above.