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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4792

Registration District No. 291 | Primary Registration District No. 1003 | Registrar's No. 1835

1. PLACE OF DEATH:

(a) County St Louis

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

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

(d) Length of stay: In hospital or institution abt 5 months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 21 000

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

(d) Street No. 2840 Olive St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Palm

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Black

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

6. (b) Name of husband or wife Ruth

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

7. Birth date of deceased Abt (Month) (Day) 1911 (Year)

8. AGE: Years abt 31 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jane F. Hyman
(b) Address 1300 Clark

17. (a) Charlemine Bond (Burial, cremation, or removal) (b) Date thereof 2-26-42 (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Ritter
(b) Address 3500 Ritter

19. (a) FEB 25 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1942 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of right popliteal artery, Pulmonary edema, Congestive heart failure of right shoulder

Duration

Other conditions Had epilepsy with Hemiplegia Lung of one Ruth Palm Died at home 3024 Canton Ave. about 11:10 AM Sept 6 1941
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Homicide

(b) Date of occurrence Sept 6 1941

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? (f) Means of injury

23. Signature Alfred Gerry (M. D. or other)

Address Deputy Coroner Date signed 2/25/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.