

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
5508 Cabanne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Residence
(Specify whether
26 yrs
In this community 26 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5508 Cabanne Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS FAIRBANKE & R. PALFREY

3. (b) If veteran, name war no 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 Mary Lyon Palfrey 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 6 (Month) 11 (Day) 1871 (Year)

8. AGE: Years 71 Months 0 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Albany New York
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Supply Manager

11. Industry or business Shapleigh Hardware Co.

MOTHER FATHER { 12. Name Rossman

13. Birthplace Albany New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Burt Palfrey

15. Birthplace Albany New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Lyon Palfrey

(b) Address 5508 Cabanne Ave.

17. (a) Burial (b) Date thereof 6 (Month) 18 (Day) 1942 (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Vincennes, Indiana

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd.

19. (a) JUN 17 1942 (Date received local registrar) J. D. Bredok (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1942 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 25 1942, to June 17 1942
that I last saw him alive on June 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions degenerative myo
(Include pregnancy within 3 months of death)
carditis, arteriosclerosis

Major findings: MI

Of operations _____

Of autopsy MI

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 MI

23. Signature J. D. Bredok (M. D. or other) MD

Address 9500 Union St Date signed 6/17/42

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

000
17
9

MOTHER FATHER {

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Charles Bassett

Lister Bldg - 703800

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.....

Thomas R Fenwick

Licensed Embalmer No.....

3793

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.