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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 38107

Registrar's No. 2318

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ROBERT KOCH HOSP. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 237 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County — 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 115 So. 23 St.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME ROBERT (PALMORE) PALMORE

3. (b) If veteran, name war No

3. (c) Social Security No. 425-20-9124

4. Sex MALE

5. Color or race 2 NEGRO

6. (a) Single, widowed, married, divorced 1 SEPARATED

6. (b) Name of husband or wife ISABEL WATSON

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

7. Birth date of deceased 9 (Month) — 10 (Day) — 1919 (Year)

8. AGE: Years 23 | Months 1 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace GREENWOOD (City, town, or county) MISS. 1 (State or foreign country)

10. Usual occupation PORTER

11. Industry or business RESTAURANT.

FATHER
12. Name RAYMOND PALMORE
13. Birthplace ? (City, town, or county) MISS. 1 (State or foreign country)

MOTHER
14. Maiden name BESSIE WINSTON
15. Birthplace ? (City, town, or county) MISS. 1 (State or foreign country)

16. (a) Informant PATIENT.
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W Ruhts
(b) Address 3500 Rutgers St

19. (a) NOV 7 - 1942 (Date received local registrar) (b) C. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1942 hour 2 minute 28 A.M.

21. I hereby certify that I attended the deceased from 2-20-, 1942, to 10-17, 1942 that I last saw him alive on 10-16, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis.	19 mo. (?)
Due to	
Due to	
Other conditions (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)

(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 Samuel S. Nanendick (M. D. or other)

Address Koch Hosp. Koch, MO. Date signed 10/18/42

(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.