S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Filed DEC 2 9 39428

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39174

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 10457

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: 5564 Hebert St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5564 Hebert St. (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Raymond W. Palmer
3. (b) If veteran, name war ____
3. (c) Social Security No. 490-05-0557
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rozelle W. Palmer
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Oct. (Month) 19th (Day) 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
28	1	24	____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Accounting Clerk
11. Industry or business Curtiss-Wright
12. FATHER Name Clem E. Palmer
13. FATHER Birthplace ____ (City, town, or county) Mo. (State or foreign country)
14. MOTHER Maiden name Mary Caldwell
15. MOTHER Birthplace ____ (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Raymond W. Palmer
(b) Address 5564 Hebert St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director Drehmann Harral
(b) Address 1905 N. Union Blvd.
19. (a) DEC 2 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th year 1942 hour 3 minute AM.
21. I hereby certify that I attended the deceased from 11-24-42 ____, 19____, to Dec. 12, 1942 that I last saw him alive on 12-12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	1 day
" "	
Due to Hypertension	8-10 yrs
Due to Kidney failure	10 yrs ?
Other conditions Calcified left kidney (Include pregnancy within 3 months of death)	
(Cardio-vascular renal disease)	

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 A. J. Steiner (M. D. or other) MD
Address 622 University Club Date signed 12-14-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. J. Bleiner
University Club Bldg
9 to 11

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

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.