

FILED MAR 25 1943
Registration District No. 548

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Isolation Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 3/11/43 to 3/11/42
(Specify whether
In this community _____
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. 1725-Mississippi Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jenice Mattie Jenice Palmer

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 Infant

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

7. Birth date of deceased February 21 1941
(Month) (Day) (Year)

8. AGE: Years 2 Months 0 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Palmer,
13. Birthplace Senath, Missouri.
14. Maiden name Jenice Rogers
15. Birthplace Cardwell, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. H. M. Laughlin

(b) Address 2501 Lafave

19. (a) MAD (b) J. F. Bredest
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1943 hour 1 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 11,
1943 to March 12, 1943
er March 12, 1943.
that I last saw him/her alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death menstr

Due to _____

Due to _____

Other conditions Acute meningitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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. F. Bredest (M. D. or other) _____
Address St. Louis Isolation Hosp. Date signed 3-12-43

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

WAR 15 1943

2459
2459

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.