

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Vigors**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**McKelvey Road**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **40 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Robertson Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Old St. Charles Road**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John J. Palitzsch**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Clara C.** 6. (c) Age of husband or wife if alive **51** years  
7. Birth date of deceased **May 29 1894**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**49 8 6** hr. min.

9. Birthplace **Troy Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **John G. Palitzsch**  
13. Birthplace **Robertson Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary J. Wild**  
15. Birthplace **Unknown Penna.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara C. Palitzsch**  
(b) Address **R#1 Robertson, Mo.**

17. (a) **Burial** (b) Date thereof **2-1-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Fee Fee**

18. (a) Signature of funeral director **Blossmann Bros Inc**  
**2504 Woodson Overland, Mo.**  
(b) Address

19. (a) **FEB 1-1944** (b) **C. H. no Haven, Mo.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **29**  
year **1944** hour **10** minute **45 A. M.**

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

Immediate cause of death: **Cerebral Hemorrhage**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **of PA**

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature **John W. ...** (M. D. or other) **MD**  
Address **St. Louis, Mo. Health Dept** Date signed **1/31/44**

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

**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.**