

FILED JAN 5 1945
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11016**

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1-week**
In this community **0** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Francis X. Primm**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S. V.**

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

7. Birth date of deceased **Nov. 15th., 1867**
(Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **10** If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired R.R. Mail Clerk**

11. Industry or business

12. Name **Charles P. Primm**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Reilly**

15. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. J. Miltenberger**

(b) Address **4442 Olive St.**

17. (a) **Burial** (b) Date thereof **12-27-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cathary**

18. (a) Signature of funeral director **Charles J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **DEC 24 1944** (b) Registrar's signature **J. B. Bredbeck**

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1509 S. 13th., Street**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25th.**,
year **1944** hour **5** minute **15 a.m.**

21. I hereby certify that I attended the deceased from **Dec. 19**, 19**44** to **Dec 26**, 19**44**
that I last saw him **4** alive on **Dec. 24**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis 67 Mar**

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) **93**

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?

(e) Means of injury **0**
3. Signature **T. K. ...** (M. D. or other)
Address **4503 ...** Date signed **Dec 25 1944**

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.