

No. 2
1/47
17-39

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FILED JAN 30 1948

Registration District No. 318

Primary Registration District No. 100

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

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2602 Walnut St 9
22 (If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Richard Palmer
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 13
year 1948 hour 6 minute 30 a. M.

4. Sex MALE 205. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from Jan. 8, 1948 to Jan. 13, 1948
that I last saw him alive on Jan. 13, 1948
and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb 7 1916
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
31 11 14 hr. min.

Immediate cause of death Sub-arachnoid Hemorrhage Undet.

9. Birthplace Brownville TENN
(City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur

Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy No

11. Industry or business.....
12. Name JAMES Palmer
13. Birthplace Brownsville TENN
(City, town, or county) (State or foreign country)
14. Maiden name NANCY Reed
15. Birthplace Brownsville TENN
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant NANCY Reed
(b) Address 908 BAYARD, ST.
17. (a) BURIAL (b) Date thereof JAN. 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PK
18. (a) Signature of funeral director English Und Co
(b) Address 2931 LUCAS AVE
19. (a) JAN 21 1948 (b) J. T. Broderick
(Date received at registration) (Registrar's signature)

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:..... Means of injury 0
23. Signature Carol R Daniels (M. D. or other) 0
Address 2607 N Whittier Date signed 1/14/48

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 _____

Burleson English

Licensed Embalmer No. 4208

P. O. Address. 2931 Lucas, W.C.

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.