S. No. 300
. 10.48

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10010

State File No.:

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 46

2923
6

1. PLACE OF DEATH
a. COUNTY ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST CHARLES
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST JOSEPHS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PATTONVILLE 4020
d. STREET ADDRESS (If rural, give location) MORROW & ADIE ROADS

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) C c. (Last) PALITZSCH

4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH SEPT 20 1891
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY SELF
11. BIRTHPLACE (State or foreign country) ST LOUIS Co Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John PALITZSCH
13b. MOTHER'S MAIDEN NAME MARY WILD
14. NAME OF HUSBAND OR WIFE CHRISTINA PALITZSCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NIL
17. INFORMANT'S SIGNATURE OR NAME Christina Palitzsch ADDRESS Pattonville Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch 3, 1950, *to* Mch 13, 1950, *that I last saw the deceased alive on* Mch 13, 1950, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MDH
23b. ADDRESS St Charles Mo.
23c. DATE SIGNED 3/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE March 15-1950
24c. NAME OF CEMETERY OR CREMATORY FEEFEE CEMETERY
24d. LOCATION (City, town, or county) PATTONVILLE (State) Mo

DATE REC'D BY LOCAL REG. 3/24/50
REGISTRAR'S SIGNATURE [signature] 284
25. FUNERAL DIRECTOR'S SIGNATURE DAUMANN BROTHERS ADDRESS 2504 WOODSON OVERLAND MO

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 29 1950

RECEIVED MAR 25 1950
District Health Officer No. 9,
District File Number----------

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

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.