

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31850

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7814					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 8 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2099					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1440 Linton				d. STREET ADDRESS (If rural, give location) 1440 Linton							
3. NAME OF DECEASED (Type or Print) a. (First) ISAAC B.			b. (Middle) _____		c. (Last) PALMER		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15, 1950				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED-DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR. 7, 1878		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman				10b. KIND OF BUSINESS OR INDUSTRY International		11. BIRTHPLACE (State or foreign country) OHIO		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME JACOB PALMER			13b. MOTHER'S MAIDEN NAME WILLIAMINA FRIEZER			14. NAME OF HUSBAND OR WIFE KATHERINE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Katherine Palmer				ADDRESS _____			
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) Coronary atherosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Systolic Blood Pressure						INTERVAL BETWEEN ONSET AND DEATH 4 hrs			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION (5 yrs with stones)				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2O1							
22. I hereby certify that I attended the deceased from July 14, 1950 , to Sept 15, 1950 , that I last saw the deceased alive on Sept 14, 1950 , and that death occurred at 5:22 a.m. , from the causes and on the date stated above.											
23a. SIGNATURE [Signature] (Degree or title) _____				23b. ADDRESS _____				23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept. 17, 1950		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.		24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois					
DATE REC'D BY LOCAL REG. SEP 15 1950		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS EAST ST. LOUIS, ILL					

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

A. G. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *3162*

P. O. Address *E. Schavis Del*

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.