

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35205  
8997

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>   |  |   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b> <b>2019</b>                    |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8503 Water</b>   |  |   |  | f. STREET ADDRESS (If rural, give location)<br><b>8503 Water</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First)<br><b>GEORGE</b>   |  | b. (Middle)<br><b>E.</b>   |  | c. (Last)<br><b>PALMER</b>   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Oct. 21, 1950</b>  |  | 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>     |  |
| 8. DATE OF BIRTH<br><b>June 26, 1881</b>  |  | 9. AGE (In years last birthday)<br><b>69</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Railroad Worker</b>               |  | 11. BIRTHPLACE (State or foreign country)<br><b>Carson City, Michigan</b>    |  |
| 10a. USUAL OCCUPATION   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>   |  | 11. BIRTHPLACE   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>/</b>                                     |  |
| 13a. FATHER'S NAME<br><b>(Unk.) Palmer</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Katherine Procter</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Lillie May Palmer</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No None</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Alice Dockery 8503 Water St. Lou's, Mo.</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                             |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma - Stomach</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 months</b>                          |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>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) (Min.)                       |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>157X</b>   |  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Aug 11, 1950</b> , to <b>Oct 21, 1950</b> , that I last saw the deceased alive on <b>Oct 21, 1950</b> , and that death occurred at <b>9:25 AM</b> from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE<br><b>Michael L. Bartmink M.D.</b>   |  |   |  | 23b. ADDRESS<br><b>7629 So. Broadway St. Louis, Mo.</b>  |  | 23c. DATE SIGNED<br><b>10/22/50</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>Oct. 24, 1950</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Hope Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>I200 Lemay Ferry Rd.</b> |  |
| DATE RECD BY LOCAL HEALTH DEPT.<br><b>10/24/50</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. B. Farster</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>C. Hoffmeister U. &amp; L. Co. 7817 So. Broadway St. Louis, Mo.</b>                 |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.