

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**23006**

State File No. ....

No. 300  
0.48

**DECEASED** JUN 27 1952  
BIRTH NO. 32644 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1440

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <span style="float: right;">2189</span>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1504 Tower Grove avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>LEROY PALMER JR.</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>6-1-52</u>		
a. (First)		b. (Middle)		c. (Last)	

<b>5. SEX</b> <u>male</u> <u>0</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>single</u> <u>U</u>	<b>8. DATE OF BIRTH</b> <u>5-28-52</u>	<b>9. AGE</b> (In years last birthday) <u>4</u>	<b># UNDER 1 YEAR</b> Months <u>4</u>	<b># UNDER 24 HRS.</b> Days <u>4</u>	<b># UNDER 1 MIN.</b> Hours <u>4</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Mo. 0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>						

<b>13a. FATHER'S NAME</b> <u>Leroy Palmer Sr.</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alice Rodebaugh</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Leroy Palmer, 1504 Tower Grove ave</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute Meningitis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>approx 2 hrs.</u>
	<b>ANTECEDENT CAUSES</b> <u>Otitology &amp; Cole</u>		
	<b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>3402</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>30</u>

**22. I hereby certify that I attended the deceased from May 31, 1952, to June 1, 1952; that I last saw the deceased alive on June 1, 1952, and that death occurred at 8:05 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Wm. Jackson Ctr. / W.M. Cole, M.D.</u>	<b>23b. ADDRESS</b> <u>St. Mary's Hospital</u>	<b>23c. DATE SIGNED</b> <u>6-2-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>6-3-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Bethany Cem</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co. Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>6-2-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Pomke MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Rowland Mortuary Service</u>	<b>ADDRESS</b> <u>4104 Manchester Ave</u>
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Su (Licensed Embalmer's Statement on Reverse Side)

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

6911

**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

*Benjamin*

Licensed Embalmer No. \_\_\_\_\_

4366

P. O. Address \_\_\_\_\_

*St Louis, 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.