

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21071**
Registrar's No. **4804**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **3669 Flad Avenue**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE **Missouri** b. COUNTY **Perry**
 c. CITY OR TOWN **Frohna**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **Frohna, Missouri**

3. NAME OF DECEASED
 a. (First) **Josephine** b. (Middle) **L.** c. (Last) **Palisch**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
May 29, 1954

5. SEX **Fe** **6. COLOR OR RACE** **Wh**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
8. DATE OF BIRTH **Oct. 22, 1879** **9. AGE** (In years last birthday) **74**
 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) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **Own Home**
11. BIRTHPLACE (City and State or Foreign Country) **Altenburg, Missouri**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Gabriel Lotter** **13b. MOTHER'S MAIDEN NAME** **Mary Ludwig** **14. NAME OF HUSBAND OR WIFE** **Dr. G. A. Palisch (dec'd '51)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Mrs. Arthur H. Frentzel** **ADDRESS** **3669 Flad Ave.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Acute Myocardial failure** **INTERVAL BETWEEN ONSET AND DEATH** **12 Hrs**

ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Chronic Myocarditis & Hypertension** **Says**
Arterio Sclerosis **John**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
Senility & Arteritis & Nephritis **Several years**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **0** **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) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR** **443-X**

22. I, hereby certify that I attended the deceased from **May, 1953**, to **May 29, 1954**, that I last saw the deceased alive on **April, 1954**, and that death occurred at **12:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Ronald S. Ham** (Degree or title) **MD** **23b. ADDRESS** **226326 Kungsholmen** **23c. DATE SIGNED** **5/29/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **May 31, 1954** **24c. NAME OF CEMETERY OR CREMATORY** **Lutheran Cemetery** **24d. LOCATION** (City, town, or county) (State) **Frohna, Missouri**

DATE REC'D BY LOCAL REG. **JUN 1 1954** **REGISTRAR'S SIGNATURE** **Carl Smith MD** **25. FUNERAL DIRECTOR'S SIGNATURE** **W. Hoffmeister** **ADDRESS** **6464 Colonial Mortuary, Chippewa**

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 5

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 267

P. O. Address 7814 8th Blvd

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.