

FILED AUG 11 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1691</u>	
1. PLACE OF DEATH ^a				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before registration.)			
a. COUNTY <u>St. Louis</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>		c. LENGTH OF STAY (In this place) <u>6 hrs.</u>		c. CITY OR TOWN <u>University City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home,</u>				e. STREET ADDRESS <u>621 W. Canterbury</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Ruth</u>			b. (Middle) <u>Palm</u>			c. (Last) <u>Palm</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept 18, 1902</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked - At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		9. AGE (In years last birthday) <u>51</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Fenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Palm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Nelson, 621 W. Canterbury, U. City</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast with metastases to brain</u>		ANTECEDENT CAUSES				<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		<u>170X</u>	
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?			
22. I hereby certify that I attended the deceased from <u>7-12</u> 19 <u>54</u> , to <u>7-13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-13</u> , 19 <u>54</u> , and that death occurred <u>6⁴⁵ P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Sheshie</u> (Degree of title)				23b. ADDRESS <u>Kirkwood 22 no</u>		23c. DATE SIGNED <u>7/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Chicago Ills</u>	
DATE REC'D BY LOCAL REG. <u>7/14/54</u>		REGISTRAR'S SIGNATURE <u>Hebert R. Bonke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm Bopp</u>		ADDRESS <u>One Kirkwood</u>	

✓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 *Bill C. Brown*.....

Licensed Embalmer No. *776*.....

P. O. Address *St. Louis*.....

**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.**