

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18421
4797
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH
a. COUNTY Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital
e. STREET ADDRESS (If rural, give location) 3935 Burgen 20 1/2

3. NAME OF DECEASED (Type or Print) a. (First) Harry R. Palmier b. (Middle) c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) May 15, 1956

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Sept. 15, 1885 9. AGE (In years last birthday) 70 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) Ret. Carter Carb. Co. 10b. KIND OF BUSINESS OR INDUSTRY Co. 11. BIRTHPLACE (City and State or Foreign Country) Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME E. Palmier 13b. MOTHER'S MAIDEN NAME Sophia Mushay 14. NAME OF HUSBAND OR WIFE Emma Palmier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none 16. SOCIAL SECURITY NO. Unk 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Palmier 3935 Burgen

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured abd. aorta
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Occlusion of Aorta DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2 hrs
? at least 5 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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?

22. I hereby certify that I attended the deceased from 5/31, 1956, to 5/15, 1956, that I last saw the deceased alive on 5/17, 1956, and that death occurred at 10:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.F. Newm... 23b. ADDRESS 5203 Chippewa 23c. DATE SIGNED 5/16/56

24a. BURIAL, CREMATION REMOVAL (Specify) Removal 24b. DATE 5-18-56 24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem. 24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.

DATE REC'D BY LOCAL REG. MAY 17 1956 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 5.05 (Licensed Embalmer's Statement on Reverse Side) FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo.

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

Dr. Neun
5200 Chippewa

2 to 4

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 myself, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold Van Fossan
Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.