

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE NUMBER **3420**
Registration District No. **1003** Registrar's No. **818**

FILED FEB 14 1958

318

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY WAYNE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WAYNE CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 32	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES PALMER			4. DATE OF DEATH Month Day Year JAN. 22, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 29, 1894		9. AGE (In years, log birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL CLERK		10b. KIND OF BUSINESS OR INDUSTRY HOTEL		11. BIRTHPLACE (City and state or country) UNKNOWN	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME (UNKNOWN) PALMER		13b. MOTHER'S MAIDEN NAME (UNKNOWN) BISSELL	
14. NAME OF HUSBAND OR WIFE VERDA FORTH PALMER		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. UNKNOWN	
17. INFORMANT Address VERDA FORTH PALMER, WAYNE CITY, ILL.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis DUE TO (b) PANCREATITIS DUE TO (c) 587.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1/16/58 to 1/22/58 and last saw her alive on 1/22/58 Death occurred at 8:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John Allen Burrell (M.D.)			
22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 1/22/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1-22-58		23c. NAME OF CEMETERY OR CREMATORY WAYNE CITY, ILL.	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS JOHN J KASSLY EAST ST LOUIS ILL.		25. DATE RECD. BY LOCAL REG. JAN 23 '58	
26. REGISTRAR'S SIGNATURE Carl Smith MD <i>m JB</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

8281, ST .116

ALBANY

.11, 8100.116

.11, 8100.116

811

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

8281, ST

8281, ST

Signed

Licensed Embalmer No. 1117541

P. O. Address East St. Albany

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.