

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023607  
STATE FILE NUMBER

1003

Registrar's No. 6534

FILED JUL 14 1958

Registration District No. 318 Primary Registration District No.

S. 300  
-1-57  
0

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5099 4517a No 20th		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Infant Palmburger			4. DATE OF DEATH Month Day Year June 28 1958		
5. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 28, 1958		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 0 0 IF UNDER 24 HRS. Hours Min. 3 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Palmburger		13b. MOTHER'S MAIDEN NAME Thelma Sills	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT John Palmburger		Address 4517 No. 20th			
18. CAUSE OF DEATH (Enter only one cause per line, (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Obtuse</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 hr</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>762.0</i>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <i>June 28 1958</i> and last saw her alive on <i>June 28 1958</i> Death occurred at <i>6:00 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robert F. Suedholt Jr.</i> (Degree or title)			22b. ADDRESS <i>111 Chappel St</i>		22c. DATE SIGNED <i>6/30/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>6/30/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bethany</i>		23d. LOCATION (City, town, or county) (State) <i>St Louis County Mo</i>
24. FUNERAL DIRECTOR <i>Stroot Carroll</i> ADDRESS <i>4600 Natural Bridge</i>			25. DATE RECD. BY LOCAL REG. <i>JUN 30 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i> <i>m f b.</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.

*Dr. A. F. Lusholt*  
*111 Church*

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

Signed *Strook-Carroll*  
*J. H. Clifford*

Licensed Embalmer No. ....

P. O. Address .....

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.