

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046137

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11742

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Genevieve, Mo	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If outside, give location) 31 170 SERAPHIN ST.	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM V. PALMER		4. DATE OF DEATH Month Day Year 12 3 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 13, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY School	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Sebastian Palmer		13b. MOTHER'S MAIDEN NAME Louise Guethle	14. NAME OF HUSBAND OR WIFE Theresa Palmer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No Nil.		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Theresa Palmer, Ste. Genevieve, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Disseminated Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying condition cause last. DUE TO (b) <u>002X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Intestinal obstruction</u>			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 a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Nov. 15, 1958</u> to <u>Dec. 3, 1958</u> and last saw him alive on <u>Dec. 3, 1958</u> Death occurred at <u>4:50 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John H. Winter M.D.</u>		22b. ADDRESS <u>307 S. Euclid St. Louis, Mo</u>	
22c. DATE SIGNED <u>12/4/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-3-58	23c. NAME OF CEMETERY OR CREMATORY Ste. Genevieve, Mo.
23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. DEC 5 '58	26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u> m&b

All diseases in Part I must be causally related.
 Certified - Old TB of Living - REWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON

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 Elton R. Penick

Licensed Embalmer No. 4283
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.