

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023259

STATE FILE NUMBER

2,512

Health,  
Welfare  
Public  
Service

FILED JUN 19 1959

Registration District No. Primary Registration District No. Registrar No.

09  
300  
1-56  
35  
ALL  
DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                        |   |  |
|--|------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |                        | c. CITY OR TOWN Ladue 4441  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.  |                        | d. STREET ADDRESS (If outside, give location) 1100 Donna Ct.  |  |
| 3. NAME OF DECEASED (Type or print)<br>First MILDRED Middle INEZ Last PALMER   |                        | 4. DATE OF DEATH<br>Month Day Year May 26, 1959   |  |
| 5. SEX Female  | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 26, 1919   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  |                        | 10b. KIND OF BUSINESS OR INDUSTRY At Home   | 11. BIRTHPLACE (City and state or country) Gordon, Alabama                                     |
| 13. FATHER'S NAME L. A. Draughon   |                        | 14. MOTHER'S MAIDEN NAME Era Askew  |  |
| 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. 424-14-3810   | 17. INFORMANT John F. Palmer Jr. 1100 Donna Ct.  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Malignant Melanoma<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 190.9<br>DUE TO (c) |                        |   | INTERVAL BETWEEN ONSET AND DEATH 2 yrs   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |                        |   | 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<br>Hour Month, Day, Year<br>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 Sep 1957 to May 26, 1959 and last saw her alive on May 26, 1959<br>Death occurred at 8:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.  |                        |   |  |
| 22a. SIGNATURE Charles C. Deace Jr. (Degree or title) M.D.   |                        | 22b. ADDRESS 19 E. Lockwood   | 22c. DATE SIGNED 5/26/59   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal  | 23b. DATE May 28, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery   | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri                       |
| 24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd. ADDRESS  |                        | 25. DATE RECD. BY LOCAL REG. MAY 27 '59   | 26. REGISTRAR'S SIGNATURE Earl Smith M.D.  |

(Licensed Embalmer's Statement on Reverse Side)

S.P.

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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.....  


Licensed Embalmer No. 48

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.