

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028683

FILED VS JUL 2 2 1960

318

1003

6655

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 69 yrs.		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 Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3744a Michigan Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ERNST Middle A. Last PALLME			4. DATE OF DEATH Month June Day 28 Year 1960		
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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 7/28/1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired bricklayer	10b. KIND OF BUSINESS OR INDUSTRY building	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ernst Wm. Pallme	13b. MOTHER'S MAIDEN NAME Lena Fricke	14. NAME OF HUSBAND OR WIFE Mathilda A. Scharpf
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Mathilda Pallme, 3744a Michigan Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Haemic Pois.		INTERVAL BETWEEN ONSET AND DEATH 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension.		
DUE TO (c) Hyp. Parathyroid 6/10 x		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Colostomy		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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
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21. I attended the deceased from **May 10, 60.** to **June 28, 60** and last saw ^{her}him alive on **June 28, 60.**
Death occurred at **7:40 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. F. Boehr M.D. (Degree or title)	22b. ADDRESS 1504 P. Grand Hwy	22c. DATE SIGNED 6.30.60.
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE July 1, 1960	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H.INC., 1936 St. Louis Ave.	25. DATE RECD. BY LOCAL REG. JUL 1 1960	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
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m. J. B.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

15-048. Davis
GR 6-1600

No Med.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *David J. See*

Licensed Embalmer No. 4526

P.O. Address St. Lawrence

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