

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015993

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1185

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings Length of stay in 1b 6 mo.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5503 Belridge Ct. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Wellston Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1543 Valle Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
 First Pauline Middle L. Last Palmer
 4. DATE OF DEATH
 Month 4 Day 26 Year 61

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10/29/84 9. AGE (last birthday) 76
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY Home
 11. BIRTHPLACE (City and state or country) Gerald, Mo.
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HERMAN BERGER 13b. MOTHER'S MAIDEN NAME PAULINA DINGERMAN
 14. NAME OF HUSBAND OR WIFE John H. Palmer

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. none 17. INFORMANT Mr. Arvel J. Palmer, 5503 Belridge Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Anteriosclerotic Heart Disease of MYOCARDIAL EXISTENCE
 DUE TO (b) EXISTENCE
 DUE TO (c) Arteriosclerosis.
 INTERVAL BETWEEN ONSET AND DEATH 6 yr
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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 WORK NOT WHILE AT WORK
 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 2/3/55 to 4/26/61 and last saw her alive on 4/26/61
 Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm K. H. H. M.D. 22b. ADDRESS 1506 Hodeman St. 22c. DATE SIGNED 4/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 4/29/61 23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR Drehmann-Harral ADDRESS 1905 Union 25. DATE RECD. BY LOCAL REG. 4-27-61 26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DI. WIL. A. WEBER
1506 Hoddiamont

Hrs. 2 PM

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 Warren A. Carver

Licensed Embalmer No. 3534

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.