

No. 300
1-10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

13762

FILED MAY 10 1948
310

State File No. _____
Registrar's No. 70

Registration District No. 310 Primary Registration District No. 3058

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
1
3

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 200 North Fourth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara R. Palmer
3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24
year 1948 hour 5:00 minute A M.
21. I hereby certify that I attended the deceased from July
1947 to April 24, 1948
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Walter J. Palmer, dec'd 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 29 1876
(Month) (Day) (Year)

Immediate cause of death Generalized carcinoma Duration 1 year
Due to Squamous cell Carcinoma of rectum
Due to _____

8. AGE: Years Months Days If less than one day
71 7 25 _____ hr. _____ min.

Other conditions hypertension
(Include pregnancy within 3 months of death) heart disease
Major findings: Of operations carcin rectum
Of autopsy _____

9. Birthplace Lawrenceton Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Gerhardt Gidley
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Steimly
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James E. Wall
(b) Address 200 N. 4th-St. Charles, Mo.
17. (a) removal (b) Date thereof Apr 25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
Bonne Terre, Missouri
(c) Place: burial or cremation _____
18. (a) Signature of funeral director H.C. Dallmeyer & Sons Co.
(b) Address 800 N. 2nd-St. Charles, Mo.
19. (a) April 28-48 Frankie Hauster
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. P. Faith (M. D. or other) M.D.
Address St. Charles, Mo. Date signed 4/24/48

RECEIVED
DISTRICT HEALTH OFFICER NO. 9,
DISTRICT FILE NUMBER
MAY 7 1948
Date Filed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Joseph F. Landoer
Licensed Embalmer No. 4189
P. O. Address St Charles Mo

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 this body is not embalmed, fact should be so stated above.