

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31685

1. PLACE OF DEATH

County..... Registration District No. 97
Township..... Primary Registration District No. 3
City St. Louis (No. City Hospital)

File No.
Registered No. 8917
St. Ward)

2. FULL NAME

(a) Residence. No. 1307 Franklin Ave 22 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 1870
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 57 | 9 | 25
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Palmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Adeline Wiggins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Christine

15. FILED SEP -4 1923 May C Staker REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1923
17. I HEREBY CERTIFY That I attended deceased from Aug 17, 1923 to Sept 2, 1923 that I last saw h. alive on Sept 2, 1923, and that death occurred, on the date stated above, at 10:30 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Retroperitoneal abscess -
cause unknown - operation
non tubercular (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 152A 153A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) H. W. Westerman M. D.
7/3, 1923 (Address) City Hospital

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL Sept 5 1923

20. UNDERTAKER Jules S. Schmidt ADDRESS 3934 Russell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE IN POWER, WITH CHARGING INSTRUMENTS IS A PERMANENT RECORD

Cey.