

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

Do not use this space.

3506

~~3104~~
2025

1. PLACE OF DEATH

County _____

Registration District No. 701

Township _____

Primary Registration District No. 1003

City In. Louis (No. City Hospital #1)

File No. _____

Registered No. 1007

St. _____ Ward _____

2. FULL NAME

George Pallhausen

(a) Residence. No. 1014 N. 6th St., 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Pallhausen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 2 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Outfitter
(c) Name of employer _____

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mollie Pallhausen
(Address) 1609 S. Claude St. Louis

15. FILED 3 19 Nov C. Markoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29 1930

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

that I last saw h. _____ alive on _____ 19 _____, and that death occurred, on the date stated above, at _____ 12:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries (fracture of skull) he walked into side of auto in St. Louis, Mo. 2:10 PM (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dr. Accident
(duration) yrs. mos. ds.

18. WHERE A DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Turner, M.D.

1/31, 1930 (Address) Dep. Coroner

*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 Holy Cross, Edgewood DATE OF BURIAL Jan 31, 1930

20. UNDERTAKER John P. Collins ADDRESS 728 N. Grand

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.

10 237

