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.

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

Do not use this space.

6697

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1773

City St. Louis Mo (No. ISOLATION HOSPITAL St. ..... Ward)

2. FULL NAME Bertrand Pillar

(a) Residence, No. 1507 S. 9th St., 23 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11th 1930

7. AGE YEARS 1 MONTHS 9 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo St. Louis Mo. 1

FATHER
13. NAME Frank Pillar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Lena Emmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 2

17. INFORMANT (ADDRESS) Mr. Fritas ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carterville Ill DATE 2/24/1932 19

19. UNDERTAKER (ADDRESS) Wagoner-Catrell 2034 Lafayette

20. FILED FEB 23 1932 Max C. Starkey Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Feb 22, 1932
I last saw him alive on Feb 22, 1932 Death is said to have occurred on the date stated above, at 11:20 A.m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
Scarlet Fever	8	2-8
Pertussis	9	2-8
	105A	

Other contributory causes of importance: Acute Toxic Myocarditis 2-22

Name of operation Tracheotomy Date of 2-21
What test confirmed diagnosis About Cardiac Action Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ..... (1)
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Mo John Eschenbrenner M.D.
(Address) ISOLATION HOSPITAL