

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

Do not use this space.

28006

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 2100  
 City St. Louis (No. 5457 Brenham Ave) St. .... Ward (No. ....)

**2. FULL NAME** Fred W. Pillman

(a) Residence, No. 5457 Brenham St., 2 Ward. (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 Emma Pillman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traffic Manager 153  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rosenthal Paper Co  
 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) St. Louis Mo

13. NAME Fred W. Pillman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Friederika Albrecht

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia 1

17. INFORMANT Mrs Emma Pillman  
 (ADDRESS) 5457 Brenham Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE 8-30 19 32

19. UNDERTAKER Triggshausen, Sugarman  
 (ADDRESS) 4228 North Broadway

20. FILED AUG 30 1932 W. C. Starnes Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1927 to Aug 26 1932  
 I last saw him alive on Aug 26 1932 Death is said to have occurred on the date stated above, at 12:00 p. m.  
 The principal cause of death and related causes of importance were as follows:

myocarditis - chr. Date of onset Yes  
9:30  
 Other contributory causes of importance: (1)

Name of operation none Date of .....  
 What test confirmed diagnosis? Chrom Was there an autopsy? No

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 .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) J. Louis Kettler M. D.  
 (Address) 3400 California

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.

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