

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

Do not use this space.

27547

1. PLACE OF DEATH

96 County St. Louis Registration District No. 189
Township Central Primary Registration District No. 60333
City (No. 7126, Glenmore Ave) St. _____ Ward _____

File No. _____
Registered No. 245

2. FULL NAME Frederick B. Pilottmann

(a) Residence, No. 7126 Glenmore Ave St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sophia Pilottmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26, 1868</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hardware Packin.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shapleigh Saw Co.</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

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

13. NAME Trang Pilottmann

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

15. MAIDEN NAME Katharine Rochlager

16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Sophia Pilottmann
(ADDRESS) 7126 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's Cem. DATE August 29, 1933

19. UNDERTAKER Geo. L. Reitsch, Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED 8/28 19 33 Goelz, Bruce, M.D.
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 1927, 19 , to Aug 27, 1933

I last saw him alive on Aug 26, 1933. Death is said

to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular renal disease - hypertension 1922
myocardial infarction
1932

Other contributory causes of importance:
Pneumonia, terminal
labor

Name of operation _____ Date of _____

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Chas. W. Miller, M. D.

(Address) 1035 Mission Ave

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. SEP 26 1933

Mr. Wm. B. King
12th St

By 4980
