WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 25 1934

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

Do not use this space.

41458

File No.
Registered No. 10462

1. PLACE OF DEATH

County
Township
City St Louis (No. City Infirmary St. Ward)

Registration District No. 791
Primary Registration District No.

2. FULL NAME Thomas Pillman (City Infirmary)

(a) Residence, No. 1219 Sullivan St., 26 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: Elizabeth Pillman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30, 1857

7. AGE: Years 76 Months 6 Days 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): Germany

FATHER
13. NAME: Henry Pillman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Catherine Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): City Infirmary Erik B. Trefuhberg M. D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE 12-7 1933

19. UNDERTAKER (ADDRESS): P. J. Donnelly & Co. 5840 Lindell

20. FILED DEC -5 1933 J. H. Biedecke Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1933, to Dec 4, 1933
I last saw him alive on Dec 4, 1933. Death is said to have occurred on the date stated above, at 5.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis	
Senility	
93C	
107A	
167	

Other contributory causes of importance: Bronchopneumonia

Name of operation Date of
What test confirmed diagnosis? 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) Geo Wessman, M. D.
(Address) City Hospital