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.

APR 25 1934

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

Do not use this space.

10152

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 37
City St Charles (No. 1718, W. Second St. Ward)

2. FULL NAME Paul Pallardy.
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Sophia Kretzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 22 - 1857

7. AGE: Years 76 — Months 4 — Days 20. — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inside Finisher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Amer. Car & Fdy 60
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 Charles Mo

FATHER
13. NAME: Pierre Pallardy.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER
15. MAIDEN NAME: Agnes Lucia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Known

17. INFORMANT (ADDRESS): Eugene Pallardy. 1718 W. 2nd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Chas Borromeo Cem DATE Mar. 14, 1934

19. UNDERTAKER (ADDRESS): H L Dallmeyer & Sons 60 800 N. 2nd St.

20. FILED 2/14 1934 Clarence H. Kessler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1934, to March 12, 1934
I last saw him alive on March 12, 1934. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | about 1 yr ago |
| 131 | |
| 131 | |
| 131 | |
| Other contributory causes of importance: Hypertrophy of prostate | about 3 yrs ago |

Name of operation: none — Date of
What test confirmed diagnosis? Clinical + laboratory — 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) B. L. Neubeiser, M. D.
3/13/34 (Address) St. Charles, Mo