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

SEP 25 1937

Do not use this space.

31852

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No.

Township [illegible] — Primary Registration District No. 6248 B — Registered No. 353

City Jefferson Barracks (No. Veterans Facility St. Ward)

2. FULL NAME Gustave C. PANNIER

(a) Residence, No. 2800 North 89th Street St., Ward. East Saint Louis, Illinois.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn 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: Mrs. Lillian Pannier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill Wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

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): Belleville, Illinois

FATHER

13. NAME: John Pannier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known Germany

17. INFORMANT (ADDRESS): Clinical Clerk M. Schillig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cem. DATE Sept. 5, 1937

19. UNDERTAKER (ADDRESS): C. Hoffmeister U.&L.Co. 7814 S. Broadway

20. FILED Sept. 1, 1937 Mrs Gladys Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1936, to August 29, 1937

I last saw him alive on August 29, 1937. Death is said to have occurred on the date stated above, at 2:00A m.

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

	Date of onset
Diabetes Mellitus, severe	Unkn.
	Unkn.

59

Other contributory causes of importance:

Arteriosclerosis, generalized; Chronic Myocarditis, congestive type of cardiac failure (arterio-sclerotic heart).

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory autopsy findings. 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify [signature]

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.