REC'D JAN 11 1939

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

791

41070

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008

(b) Township ..... Primary Registration District No. ..... Registered No. 10762

(c) or City Saint Louis (d) Street No. 4449 St. Ferdinand Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bentley Pillow

(a) Residence, No. 4449 Saint Ferdinand St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Corrine Pillow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 25, 1860

7. AGE: 77 YEARS; MONTHS: 11; DAYS: 18; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Caterer
9. Industry or business in which work was done, as saw mill, bank, etc.: Zeller Bros.
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): Columbia Tennessee

FATHER
13. NAME: Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Corrine Pillow 4449 Saint Ferdinand Ave.

18. BURIAL, CREMATION, OR REMOVAL: Park Cem.
PLACE ~~Greenwood Cem.~~ DATE 12/16/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Charles J. Gates 4107-09 Finney Avenue

20. FILED DEC 14 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from About 8-1-9, 1938 to December 13, 1938
I last saw him alive on December 5, 1938 Death is said to have occurred on the date stated above, at 5:30 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Inefficiency	
Other contributory causes of importance:	
Cirrhosis of the Liver	

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical 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) [signature], M. D.
(Address) 4452 Kennerly Avenue

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.