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.

REC'D JUL 12 1939

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

20249
Do not use this space.

1. PLACE OF DEATH
(a) County ..... / Registration District No. 791
(b) Township ..... / Primary Registration District No. 1003 Registered No. 5093
(c) City St. Louis / (d) Street No. Deaconess Hospital 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 420 Anna Pallas
(a) Residence, No. 7334 Vermont St. / (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Earl V. Pallas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1884
7. AGE: YEARS 55 MONTHS 2 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as 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) St. Louis, Mo. 0

FATHER
13. NAME George LaVanchy 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 1

MOTHER
15. MAIDEN NAME Martha Ellen Spencer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Earl V. Pallas 3001 Sidney
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon DATE 6-7 1939
19. FUNERAL DIRECTOR (NAME) Southern Funeral Home (ADDRESS) 6322 S. Grand
20. FILED JUN 6 1939 J. T. Biedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4 1939
22. I HEREBY CERTIFY, That I attended deceased from June 1 — 1939, to 6 — 5 — 1939
I last saw her alive on 6 — 4 — 1939. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	1 yr ?
Rt frontal lobe	
Non Malignant	
Other contributory causes of importance:	
Hypertension 5 4 d	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No.
If so, specify .....
(Signed) W. W. Eades, M. D.
(Address) 6639 Virginia

(Licensed Embalmer's Statement on Reverse Side)

50M-1712-38 I X14028

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, ...

Virgil Berryman, or by .....,

Registered Apprentice No. ....., working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St Louis Mo

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.