

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13147**
Registrar's No. **35277**

Registration District No. **901**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)
In this community **Not known**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1117a North Park Pl.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Betty McAteer**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **23**,
year **1941** hour **9:20 PM** minute M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death **Subarachnoid Hemorrhage of Brain; Fracture of Ribs; Lobar Pneumonia; suffered when deceased**

7. Birth date of deceased **August 16, 1862**
(Month) (Day) (Year)

Due to **fell at the City Infirmary 5800 Arsenal St., on April 1st, 1941, at**
Due to **about 5:10 A.M.**

8. AGE: Years Months Days If less than one day
78 **8** **7** hr. min.

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Phelps County Missouri**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Godfrey Pierlow**
13. Birthplace **France**
(City, town, or county) (State or foreign country)

14. Maiden name **Not known**
15. Birthplace **France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertine Pierlow**
(b) Address **1117a North Park Pl.**

17. (a) **Burial** (b) Date thereof **4/26/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **APR 26 1941** (b) **J. W. Brudick**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **April 1st, 1941**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)

Was at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Thomas F. Callahan** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **4/26/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2967

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, fact should be so stated above.