

Registration District No. 189

Primary Registration District No. 9-111

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4462 Wa

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Vinita Park Dist. Hsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Marys Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Alan Pallardy

3. (b) If veteran, name war ////// 3. (c) Social Security No. //////

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Dec 10 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name John Harold Pallardy

13. Birthplace St Charles Mo
(City, town, or county) (State or foreign country)

14. Maiden name Hildegard Deauve

15. Birthplace St Charles Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. Harold Pallardy

(b) Address 8125 Allen

17. (a) Burial (b) Date thereof 5/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Charles Mo

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) MAY 16 1942 (b) C. H. McParson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town Vinita Park
(If outside city or town limits, write "RURAL")
(d) Street No. 8125 Allen (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1942 hour _____ minute _____ AM.

21. I hereby certify that I attended the deceased from Dec 15 1941 to May 15 1942
that I last saw him alive on May 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 1 week

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Broncho-pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Julius A. Rosen (M. D. or other) _____
Address 4462 W. 18th Blvd Date signed 5/15-42

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

Al. C. Ortman

Licensed Embalmer No. *3478*

P. O. Address.....

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.