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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

D1 22192

State File No. .....

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 338

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

1. PLACE OF DEATH:

(a) County: St. Charles

(b) City or town: St. Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 319 N. Kingshighway (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Charles

(c) City or town: St. Charles (If outside city or town limits, write "RURAL")

(d) Street No.: 319 N. Kingshighway (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Frank E. Pallardy

3. (b) If veteran, name war: No

3. (c) Social Security No. 488-16-7988

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Josephine M. Schoene

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: September (Month) 18 (Day) 1869 (Year)

8. AGE: Years 72 Months 8 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Foreman

11. Industry or business: American Car & Foundry

MOTHER FATHER

12. Name: Peter Pallardy

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

14. Maiden name: Caroline Steil

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

16. (a) Informant: Kenneth C. Pallardy

(b) Address: 319 N. Kingshighway, St. Charles

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 15 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Charles Borromeo Cem.

18. (a) Signature of funeral director: H. C. Dallmeyer & Sons Co.

(b) Address: 801 N. Second, St. Charles, Mo.

19. (a) June 13, 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 4 1942 to June 12 1942 that I last saw him alive on June 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 days
Due to Cerebral Sclerosis	?
Due to Hypertension	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

(e) Means of injury? ..... While at work? .....

23. Signature: J. M. Jenkins (M. D. or other)

Address: 1115 Locust Mo. Date signed 6-17-42

(Licensed Embalmer's Statement on Reverse Side)

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 John C. Dallmeyer

Licensed Embalmer No. 8757

P. O. Address St. Charles 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.