

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 1 Mo. 9 Days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1824 Kennett Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Peter E. Pantileff  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 19,  
year 1942 hour 4:10 minute A. M.  
21. I hereby certify that I attended the deceased from September  
10, 19 42 to October 19, 19 42  
that I last saw him alive on October 19, 19 42  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death.....  
Cirrhosis of the liver  
Due to.....  
Due to.....

8. AGE: Years Months Days If less than one day  
abt. 57  
hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy refused.

9. Birthplace Macedonia Greece  
(City, town, or county) (State or foreign country)  
10. Usual occupation Painter  
11. Industry or business.....  
12. Name Unknown  
13. Birthplace II  
(City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace II  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant City Hospital #1  
(b) Address.....  
17. (a) Removal (b) Date thereof 10-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Granite City, Ill.  
Albert H. Hoppe Inc.  
18. (a) Signature of funeral director.....  
(b) Address 4700 Washington Blvd.  
19. (a) OCT 21 1942 (b) J. F. Medek  
(Date received local registrar's certificate) (Registrar's signature)

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) (c) Means of injury  
23. Signature Louis G. Heudoff (M.D. or other)  
Address 1515 Lafayette Avenue Date signed 10/19/42

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

MOTHER FATHER

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**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 *Alfred G Burnley*.....

Licensed Embalmer No. *4202*.....

P. O. Address *H. Jones Dr*.....

**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.**