S. No. 2
M—5-42
. 5-17-39
▶I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32330

Primary Registration District No. 1003

Registrar's No. 8884

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5606 Theodosia /
(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 Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 6 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5606 Theodosia
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret E. Pils

3. (b) If veteran, name war

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Harry J. Pils

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 6, 1901
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
41	6	20	hr. min.

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

10. Usual occupation HouseWife

11. Industry or business

FATHER
12. Name Patrick Mannion
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary O Brien
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Harry J. Pils
(b) Address 5606 Theodosia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge

19. (a) OCT 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1942 hour / minute 37 A.M.

21. I hereby certify that I attended the deceased from Oct 8, 1942, 19.. to Oct 26, 1942
that I last saw her alive on Oct 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	
Aortic Regurgitation	
Due to Mitral Stenosis	
Cong. Heart Failure	
Due to	
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)
While at work? (e) Means of injury

23. Signature Robert L. Farrell (M. D. or other)
Address 624 N. Union Date signed 10/6/42

(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 Sheldon Collier

Licensed Embalmer No. 3382

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.