

LL 11

APR 15 1943

318

1003

Registration District No. Primary Registration District No.

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:
Luthern Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....

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

(d) Street No. 3616 Castleman Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Ferdinand A. Pilliod

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 Married

6. (b) Name of husband or wife..... Minnie Pilliod 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased..... Apr. 19 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 10 15 hr. min.

9. Birthplace..... Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Retired

MOTHER FATHER { 12. Name..... Unknown

{ 13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... Unknown

{ 15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Pilliod

(b) Address 3616 Castleman

17. (a) Burial (b) Date thereof 3-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) MAR 6 1943 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4
year 1943 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from March 21 1943 to 3-4 1943
that I last saw him alive on 3-4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Arteriosclerosis - Progress
myocarditis, etc

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

Duration

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) no

(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.....

23. Signature Wm B. County (M. D. or other) 3/5
Address 445 10 0 0 0 0 Date signed 3/5

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

11-12-
Albert R. Thompson

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.....

Albert R. Thompson Jr

Licensed Embalmer No..... *4237*

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.