

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15502

FILED MAY 6 1943

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 806

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6400 Hayes Court
(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 St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6400 Hayes Court
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Alfred Pallardy

3. (b) If veteran, name war No 3. (c) Social Security No. 489-18-2175

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

6. (b) Name of husband or wife Nancy Pallardy 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug. 28, 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Night Watchman

11. Industry or business Wagner Electric Co.,

12. Name Luke Pallardy

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

14. Maiden name Ellen Spinks

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

16. (a) Informant Mrs. Nancy Pallardy

(b) Address 6400 Hayes Court

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

(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiemont Ave.,

19. (a) APR 5 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1943 hour 3.15 minute P.M. M.

21. I hereby certify that I attended the deceased from March 10 1943 to April 1 1943
that I last saw him alive on March 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Aneurysm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none

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) _____
(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 _____

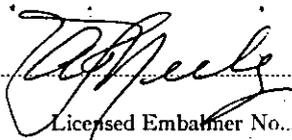
23. Signature [Signature] (M. D. or other) _____
Address 6400 Hayes Court

DR. ROLLA BRACY,
6400 Easton Ave.,
MU. 5084.

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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..... .....
Licensed Embalmer No..... 3225.....
P. O. Address 1125 Hodiament Ave.,.....

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.