

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 840
Registrar's No. 1044

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: 916 La Salle St.
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(d) Street No. 916 La Salle St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George J. Pillow
(b) If veteran, name war NO (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 31
year 1944 hour 11 minute 10 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ollie Upchurch 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 16 1856 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-20-44 to 1-31-44
that I last saw him alive on 1-20-44 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 5 Days 15 If less than one day hr. min.

Immediate cause of death: Chronic Myocarditis
Due to: Cholesterol
Due to: Gentle Sclerosis
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace: Nil (City, town, or county) Virginia (State or foreign country)

10. Usual occupation: Nil

11. Industry or business: ? Pillow

12. Name: ? Pillow 13. Birthplace: Virginia (State or foreign country)

14. Maiden name: ? 15. Birthplace: Virginia (State or foreign country)

16. (a) Informant: Mrs. Ollie Pillow (b) Address: 916 La Salle St.

17. (a) Burial (b) Date thereof: 2/3/44 (c) Place: St. Matthews Cem.

18. (a) Signature of funeral director: E. J. Schurer (b) Address: 3125 Lafayette Ave.

19. (a) Date received local registrar: FEB 2 1944 (b) Registrar's signature: J. F. Bredek

PHYSICIAN
Major findings: Of operations
Of autopsy

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: P. F. Klauppel (M. D. or other)
Address: 205 Morrison Ave. Date signed: 2/1/44

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.....

Joseph B. Vallmer

Licensed Embalmer No. *4014*

P. O. Address, *St. Louis 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.