

No. 2
-5-43
-17-39
X36671

FILED JUN 9 1945

State File No.

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **4750**

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:
St. Anthony's Hospital
(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 **Missouri** (b) County **000**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **1/16**

(d) Street No. **3653 South Grand Blvd.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Emma Pillman**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Fred J.**

6. (c) Age of husband or wife if alive **18 7/8** years **1872**

7. Birth date of deceased **January 21**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**
year **1945** hour **10** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Jan 15, 05**
19____, to _____, 19____;

that I last saw her alive on **5-28**, 19**45**;
and that death occurred on the date and hour stated above.

8. AGE: Years **69 7/8** Months **4-4** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

Immediate cause of death **Ca of stomach**
Ulceri myo cardis

Duration **1 year**
1 year

Due to _____

Due to **Hb**

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

11. Industry or business _____

12. Name of father **Carl Butts**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Name of mother **Unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Clarence Pillman**
(b) Address **4049 Parker Ave.**

17. (a) **Burial** (b) Date thereof **May 31, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Walter Belderle**
(b) Address **3634 Gravois Ave.**

19. (a) **MAY 29 1945** (b) **J. J. Burch**
(Date received local registrar) (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) _____ (Means of injury)

23. Signature **John O'Leary** (M. D. or other) _____

Address **2767 Garrison** Date signed **5-29-45**

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

MOTHER FATHER

COPIES 10/10

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..... *Robert C. Wheeler*

Licensed Embalmer No. *2128*

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.

State of Missouri)
City of St. Louis) S. S.

Be it remembered that on this 11th day of June 1945 personally appeared before me and to me known to be Clarence F. Pillman of 4049 Parker Ave., St. Louis, Missouri, who being duly sworn and on his oath states that he is the son of Emma Pillman, who died on May 28, 1945 at St. Anthony's Hospital, St. Louis, Missouri.

Affiant further states that the date of birth and age of said deceased as stated in the original death certificate was incorrectly stated as 73 years with date of birth as January 21, 1872. Affiant prays that the State Board of Health make correction of age on original certificate to read 69 years with date of birth January 21, 1876.

Clarence F. Pillman

Sworn to and subscribed before me on
this 11 day of June, 1945.
My commission expires My Commission Expires Nov. 24, 1946

J. E. Judenk
Notary Public.

15484