S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21438

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 1252

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Since 5/16/46 (Specify whether years, months or days)

In this community: 47 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

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

(d) Street No.: 3915 Randall Street
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: PILOUSEK, Otto A.

3. (b) If veteran, name war: World I

3. (c) Social Security No.: 491017638

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Barbara Pilousek

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: July (Month) 24 (Day) 1898 (Year)

8. AGE: Years 47 | Months 10 | Days 13 | If less than one day: hr. min.

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

10. Usual occupation: Trimmer

11. Industry or business:

FATHER
12. Name: (Unknown) Pilousek
13. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hattie Gobel
15. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Clinical Clerk, Vet.Adm. Hosp.
(b) Address: Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-10-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: New Picker Cemetery

18. (a) Signature of funeral director: Wm. C. Moydell Und.Co.
(b) Address: St. Louis, Missouri

19. (a) 6-10-46 (Date received local registrar) (b) E.D. Mc Davaney M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1946 hour 10:55 minute A M.

21. I hereby certify that I attended the deceased from 5/16/46, 19__ to 6/7/46, 19__; that I last saw him alive on June 7, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARCINOMA OF COLON	UNK
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No Operation
Of autopsy: No 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): 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? (Specify type of place)
While at work? Nature of injury:

23. Signature: L. E. Stilwell (M. D. or other) L. E. STILWELL, M.D.
Address: Vet.Adm. Hosp. Jeff.Brks., Mo. Date signed: 6/7/46

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1957

JUN 20

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue.

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.