No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 1 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15276

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4202

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

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3yrs.11mos.21ds. (Specify whether
In this community 38 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St.Louis 1317
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Arsenal St. 9
(If rural, give location)

(e) Citizen of foreign country? 4. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM KILLIAN

3. (b) If veteran, name war 40

3. (c) Social Security No. n.k

4. Sex msle 0

5. Color or race white

6. (a) Single, widowed, married, divorced div. 3

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 18 (Day) 1905 (Year)

8. AGE: Years 42 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Millstadt (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation none

11. Industry or business

FATHER
12. Name Jacob F. Killian
13. Birthplace (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Amelia Pfingsten
15. Birthplace (City, town, or county) St.Louis (State or foreign country) Missouri 0

16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Guy Muller
(b) Address 5041 Delmar

19. (a) APR 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1947 hour 9.17 minute P. M.

21. I hereby certify that I attended the deceased from April 30, 1943 to April 21, 1947
that I last saw him alive on April 21, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Multiple Sclerosis	1943.
Leptomeningitis -Chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 8/7	

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause of 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? 0 (Specify type of place)

While at work? (e) Means of injury

23. Signature Leopold Hofstaller (M. D. or other) M.D.
Address 5400 Arsenal St Date signed 4/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Rex Campbell

Licensed Embalmer No.....3881

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.