

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40304
5099
Registrar's No.

FILED DEC 29 1948
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Trinity Lutheran Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1419 Jefferson
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joe Pilsel

3. (b) If veteran name war No

3. (c) Social Security No. 486-03-6123

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Diamy Pilsel

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 6 15 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 29 hr. min. 7

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

10. Usual occupation Retired Maintenance Man

11. Industry or business Inland Steel Corp.

MOTHER FATHER

12. Name Louis Pilsel

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

14. Maiden name Mary Shriner unknown

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

16. (a) Informant Mrs. Diamy Pilsel

(b) Address 1419 Jefferson

17. (a) Burial (b) Date thereof 12-14-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo

19. (a) 12-15-48 (b) Sherald Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1948 hour 11:30 minute a.m.

21. I hereby certify that I attended the deceased from Pat Holgado, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death atherosclerosis Duration _____

Due to Encephalomalacia

Due to Cerebral arteriosclerosis

Other conditions Thrombosis of Basilar Artery

Major findings: Of operations N

Of autopsy above

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? _____

(Specify type of place) (e) Means of injury While at work?
Jack H. Hill
23. Signature Jack H. Hill (M. D. or other) M.D.
Address 1419 Jefferson Date signed Dec 14 1948

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.....

Dean Owens

Licensed Embalmer No.....

4280

P. O. Address.....

K. C., 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.