

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2885

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 904

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		2039
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Pac Hospital</u>			3. STREET ADDRESS (If rural, give location) <u>6206 MAGNOLIA AVE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>PILANT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-51</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 17-1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>10</u>
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONDUCTOR (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SERVICE</u>	11. BIRTHPLACE (State or foreign country) <u>KNOX COUNTY TENN</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>WILLIAM THOMAS PILANT</u>		13b. MOTHER'S MAIDEN NAME <u>ANNE LONG</u>	14. NAME OF HUSBAND OR WIFE <u>MOLLIE C PILANT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-09-3451 A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mollie C Pilant 6206 Magnolia</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction due to arteriosclerotic coronary disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u>disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H201</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 20, 1951</u> , to <u>Jan. 27, 1951</u> , that I last saw the deceased alive on <u>Jan. 27, 1951</u> , and that death occurred at <u>8:40</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Robert A. Huckstep M.D.</u>		23b. ADDRESS <u>1755 So. Grand Blvd</u>		23c. DATE SIGNED <u>1-27-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JAN 29-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>THORNGROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>THORNGROVE TENN</u>		
DATE REC'D BY LOCAL REG. <u>JAN 29 1951</u>	REGISTRAR'S SIGNATURE <u>J B Leoster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Robert Linary & Yund Co 1905 So Grand Blvd.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

Shelf

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Peter B Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights 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.