

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 2400 North Seventh Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2400 North Seventh			

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Leo	c. (Last) Pallardy	4. DATE OF DEATH (Month) (Day) (Year) February 13-1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 10, 1881	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months 9	11. UNDER 1 YEAR Days 3	12. UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Steel Plant	10b. KIND OF BUSINESS OR INDUSTRY Railroad Car Factory	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Pallardy	13b. MOTHER'S MAIDEN NAME Philomena Premeau	14. NAME OF DECEASED'S WIFE Katherine (Kellerhaus) deceased May 23-1924
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NIL	16. SOCIAL SECURITY NO. 489-18-1192	17. INFORMANT'S SIGNATURE OR NAME Bernard Pallardy (son) St. Charles, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 20 years 20 years 25 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Heart Disease		
	DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/16, 1950, to 2/13, 1951, that I last saw the deceased alive on 2/23, 1951, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) C. C. Barnard M.D.	23b. ADDRESS 219 1/2 2nd St. St. Charles Mo.	23c. DATE SIGNED 2/14/51
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Feb 16, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo	24d. LOCATION (City, town, or county) (State) St. Charles Co., Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb 15-51 Francis H. H. H.	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dalmeyer & Sons Co. 800 N. 2nd St. St. Charles Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

923

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 27 1951

RECEIVED

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 4189

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

Joseph I Landolt
Licensed Embalmer No. 4189

P. O. Address St Charles 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.