

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4351

State File No.

FILED FEB 13 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		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>Ballerwin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs 8 months</u>		d. STREET ADDRESS (If rural, give location) <u>3630 WEST PINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Homes</u>		19	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) _____ c. (Last) <u>Pillmeyers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 26-53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT 20 - 1873</u>
9. AGE (In years last birthday) <u>79</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>DENTCODILLA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>J. A. H. P.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Della Flora</u> ADDRESS <u>2331 W. Hulloughy</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, asthma, etc.; it means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>No-1</u> , 19 <u>52</u> , to <u>1-26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-26</u> , 19 <u>53</u> , and that death occurred at <u>7 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. Sheehan</u> (Degree or title) _____		23b. ADDRESS <u>Riskwood, Mo</u>	
23c. DATE SIGNED <u>1/28/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JAN-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen-Kelly</u> ADDRESS <u>4386 Lindell</u>	
DATE REC'D BY LOCAL REG. <u>1-29-53</u>		REGISTRAR'S SIGNATURE <u>Hughes R. Donohue - M.D.</u>	

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

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

at College of Mortuary Science

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Raymond M. Johnson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.