

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20103**

FILED MAY 28 1953

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 531	Registrar's No. 1281
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (in this place) 436.6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 1446 Lyndale		d. STREET ADDRESS (If rural, give location) 1446 Lyndale		
3. NAME OF DECEASED (Type or Print) a. (First) Pearl		b. (Middle) Dean	c. (Last) Pillers	4. DATE OF DEATH (Month) (Day) (Year) May 4, 1953
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 13, 1892	9. AGE (to years last birthday) 61yrs IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adv. Dept Curlee Clothing Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Campbell Hall, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Obed Alphonse Dean		
13b. MOTHER'S MAIDEN NAME Mary Downen		14. NAME OF HUSBAND OR WIFE Harry Pillers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 492-24-8557		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harrietta Wickwire 1446 Lyndale
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Congestion of feet		
DUE TO (c)		11. 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"/>
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) 260X
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 5-1-1953 to 5-4-1953 , that I last saw the deceased alive on 5-3-1953 , and that death occurred at 4:51 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Carl J. Ellis M.D. (Degree or title)		23b. ADDRESS Not Humphreys		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 7, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, Inc. 6175 Delmar Blvd.		
DATE REC'D BY LOCAL REG. 5-7-53		REGISTRAR'S SIGNATURE Herbert R. Domb - M.D.		

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

Dr. R. Lee
St. Johns
at 9-10
39th Passy
Med Sec 2nd fl.

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 Jos. E. McCullough

Licensed Embalmer No. 2460

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.