No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13222

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3424

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

1. PLACE OF DEATH:

(a) County

(b) City or town Faith Hospital St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Faith Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 25
(If outside city or town limits write "RURAL")

(d) Street No. 1407 Blair Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LUELLA M. PILGER 426

3. (b) If veteran, name war None

3. (c) Social Security No. 498-03-6608

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herman Pilger

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March, 27, 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
35	0	15	hr. min.

9. Birthplace St. Louis Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady 6

11. Industry or business Millinery

FATHER
12. Name Harry H. Schneider 6
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Sackwitz,
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oliver Yanick
(b) Address 1326 Gimblin Ave.

17. (a) Burial (b) Date thereof 4/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) APR 15 1940 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 1939, to April 12, 1940
that I last saw her alive on April 12, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant Hypertension	6 mo.
Hypertensive heart disease	
Due to Chronic Nephritis	6 mo.
Syphilis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury

23. Signature Max S. Franklin (M. D. ~~or other~~)
Address 634 N. Grand Date signed 4/13/40

(Licensed Embalmer's Statement on Reverse Side)

Mat Franklin
7536 Buckingham Dr
Cob 8124

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 Frank A. [illegible]

Licensed Embalmer No. 3041

P. O. Address 2117 E. [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.