

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town VELDE VILLAGE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6522 WOODROW AVE
(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 ST. LOUIS 96
(c) City or town _____
(If outside city or town limits, write "RURAL") 0
(d) Street No. 6522 WOODROW AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBY day 15 - 1942
year 6 hour 45 minute A. M.
21. I hereby certify that I attended the deceased from
2/13-720 to 2/15-42 1942
that I last saw him alive on 2/10-40 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Duration _____
Due to _____
Due to _____

Other conditions
(Include pregnancy within 6 months of death)
Influenza - Subeular
Pneumonia
Major findings:
Of operations _____
Of autopsy 330

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature R. Alexander (M. D. or other) _____
Address 4932. Mayland Date signed 2/16/42

3. (a) PRINT FULL NAME HARRY PILLERS

3. (b) If veteran, name war NONE - 3. (c) Social Security No. 493-10-9756

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PEARL D. PILLERS 6. (c) Age of husband or wife in years 50
7. Birth date of deceased NOV 2 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace MT. SUMMIT ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation OPERATOR

11. Industry or business ST. LOUIS PUBLIC SERVICE CO.

12. Name GEORGE W. PILLERS
13. Birthplace ROCKWOOD ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH PARKHILL
15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PEARL PILLERS
(b) Address 6522 WOODROW
17. (a) BURIAL (b) Date thereof 2-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MOUNT LEBANON CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 HAMILTON AVENUE
19. (a) FEB 16 1942 (b) C. N. Theis
(Date received local registrar) (Registrar's signature)

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

96
00
0

11
12
13

RK Anderson
4932 Maryland

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..... *Ray W Wilkins*
Licensed Embalmer No..... *3575*
P. O. Address.....

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.