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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 13 1943

Registration District No. 22

Primary Registration District No. 1000

Registrar's No. 1237

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

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1. PLACE OF DEATH:

(a) County: Buchanan

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

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

(d) Length of stay: In hospital or institution: 1 Hour (Specify whether years, months or days)
In this community: 6 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Louisiana (b) County: Orleans

(c) City or town: New Orleans
(If outside city or town limits, write "RURAL")

(d) Street No.: 4954 DeMontluzin St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Walter E. Pilie

3. (b) If veteran, name war: War #2 Serial No. 38173868

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: January (Month) 29 (Day) 1912 (Year)

8. AGE: Years 30 Months 11 Days 1 If less than one day hr. min.

9. Birthplace: New Orleans (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation: Soldier

11. Industry or business: Radio Operator

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Army Records
(b) Address: Rosecrans Field, St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1 - 1-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: New Orleans, Louisiana

18. (a) Signature of funeral director: Pete Meierhoffer
(b) Address: 13th. & Faraon St., St. Joseph, Mo.

19. (a) 1-1-43 (Date received local registrar) (b) Rose Heyog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th. year 1942 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 4 30 P.M. Dec. 30, 1942 to 5 30 P.M. Dec 30, 1942 that I last saw him alive on Dec. 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Lacerations with multiple skull fractures — Duration: 1 hour

Due to: Airplane Accident

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Brain outside of skull, Severe cerebral hemorrhage.

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): Accident 131

(b) Date of occurrence: Dec. 30, 1942

(c) Where did injury occur? St. Joseph (City or town) Buchanan (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rosecrans airfield. (Specify type of place)

While at work? Yes (e) Means of injury: Airplane

23. Signature: John P. Higgins (M. D. or other) M.C.

Address: Rosecrans Field Date signed 12-31-42

1250 (Licensed Embalmer's Statement on Reverse Side)

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 Geo. E. Daniel.

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.