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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9260
Registrar's No.

OCT 27 1943 318
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: ~~Admitted on ambulance bus at St. Louis~~
(d) Length of stay: In hospital or institution Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 15
(d) Street No. 4403a Gravois Ave. 915
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Simon Pildner

3. (b) If veteran, name war No 3. (c) Social Security No. 489-16-5203

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Sophie Pildner 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased November 25, 1875 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 24 .hr. .min.

9. Birthplace Austria-Hungary 4 (City, town, or county) (State or foreign country)

10. Usual occupation Porter at Alligator Co.

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Sophie Pildner

(b) Address 4403a Gravois Avenue

17. (a) Burial (b) Date thereof 10 22 43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director ~~Shaker & Aldrich Undertaking Co.~~
(b) Address 3634 Gravois Ave.

19. (a) OCT 21 1943 (Date received local registrar) (b) J. J. Bredon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 year 1943 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from October 8 1943 to October 19 1943 that I last saw him alive on October 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to General Sclerosis (Arteriosclerosis)
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration
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) (Specify means of injury)

23. Signature Julius E. P. Keller (M. D. or other) M.D.
Address 2603 Cherokee St. Date signed 10 20 43

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.....

Francis J. Gylund.

Licensed Embalmer No.....

2675

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.