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5-43  
17-39  
X36571

FILED JUN 19 1944

Registration District No.

Primary Registration District No.

Registrar's No.

5127

1. PLACE OF DEATH:

(a) County City of St. Louis  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5409 South 37th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 49 years life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Walter O. Pillep

3. (b) If veteran, name war none 3. (c) Social Security No. 498-05-0603

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elsie H. Pillep 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 7, 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 1 25 hr. min.

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

10. Usual occupation Commercial artist

11. Industry or business.

12. Name Henry Pillep  
13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Strackbein

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie H. Pillep

(b) Address 5409 So. 37th Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-5-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 South Grand Blvd.

19. (a) JUN 5 (Date received local registrar's certificate) (b) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town City of St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5409 South 37th Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st  
year 1944 hour 8 30 minute P.M.

21. I hereby certify that I attended the deceased from 5-21-44 19... to 6-1-44 19...  
that I last saw h.i.m. alive on 6-1-44 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (left hemiplegia)  
Due to Diabetes mellitus  
Duration 1 day  
Due to 2-3 yrs

Other conditions Diabetes mellitus 2-3 yrs  
(Include pregnancy within 3 months of death)

Major findings: X 61  
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? X (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) 0  
While at work? (e) Means of injury  
23. Signature J. F. [Signature] (M. D. or other) 6/5/44  
Address 4523 S. [Signature] One signed

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

11 A.M. to 1 P.M.

O.C. Pfeiffer

4523 A So Kingshighway

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

*Virgil L. Berryman*

Licensed Embalmer No.

*74018*

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.**