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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2969**
Registrar's No. **665**

Registration District No. **318**

Primary Registration District No. **1008**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute St. Louis City Hospital
(If not in hospital or institution, write street number or location) **9**
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Robert B. Pallardy**

3. (b) If veteran, name war **Unknown**
3. (c) Social Security No. **Unknown**

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 **April 9 1876**
(Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **11**
If less than one day hr. _____ min. _____

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

10. Usual occupation **Retired Hardware dealer**

11. Industry or business _____

MOTHER FATHER

12. Name **Peter Pallardy**

13. Birthplace **St. Peters Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Weil**

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

16. (a) Informant **Mrs. M. N. Brunk**

(b) Address **7069 Arcadia Avenue,**

17. (a) **Burial** (b) Date thereof **1/22/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles Miscoury**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**

(b) Address **4700 Washington Blvd.,**

19. (a) **JAN 20 1947** (b) **J. F. Brunk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **25 17**
(d) Street No. **5 North 9th Street,**
(If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **20th**
year **1947** hour **7** minute **50** **E.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Labo Memoris**

Due to **Bilateral**

Other conditions _____
(Include pregnancy within 3 months of death) **108**

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)
(e) Means of injury _____

23. Signature **Delich E. Taylor** (M. D. or other) **9**
Address **By Crown** Date signed **1/20/47**

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

MAR 19 1947

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..... *Henry M. Brammer*

Licensed Embalmer No..... *4200*

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.