

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947
190891 318
Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11374
State File No. _____
Registrar's No. 2425

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(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:
St. Louis City Hospital—Max C. Starkloff
(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

3. (a) PRINT FULL NAME TERESA PALLARDY

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph G. Pallardy 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased July 17, 1918
(Month) (Day) (Year)

8. AGE: Years 28 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Alois Buseman

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Kate Kargus

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

16. (a) Informant Mr Joseph G. Pallardy

(b) Address 2648 California Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/47
(Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 9 1947 (Date received local registrar) (b) J. S. Brederick (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")
(d) Street No. 2648 California Ave
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1947 hour 10:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7/30/47
_____ 19, to 3/6/47 _____ 19;
that I last saw him in alive on 3/6/47 _____ 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior Poliomyelitis
(Pallor Trappe)
Due to (From 7-30-46)
B 3-7-47

Due to _____
Other conditions 36.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

In _____ (Specify type of place)
while at work? _____ (c) Means of injury _____

23. Signature M. J. Bubliss (M. D. or other) _____
Address 1518 Lafayette Date signed 2-8-47

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.....

Gustav W. Dietz

Licensed Embalmer No.....

4329

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.