No. 300
1—10-47
5-17-39
P 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11108

FILED APR 5 1948

Registration District No. 31

Primary Registration District No. 6076

Registrar's No. 574

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

600

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: Riverview Gardens
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9759 Lilac Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether) In this community 30 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Louis 96

(c) City or town: Riverview Gardens 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 9759 Lilac Drive 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Annie I Pierlow

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Eugene Pierlow

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

7. Birth date of deceased: 9/27/1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 2 If less than one day hr. min.

9. Birthplace: St Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Eugene J Pierlow
(b) Address: 9759 Lilac Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: New Bethleham Cem

18. (a) Signature of funeral director: Donald Diedrich
(b) Address: 8319 Halls Ferry Road

19. (a) 3-2-48 (Date received local registrar) (b) Carolyn J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1948, 19..., to Feb 1 1948, 19...; that I last saw her alive on Feb 1 48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 wks
Due to: Thoracic Carcinoma	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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? (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)

While at work? (e) Means of injury

23. Signature: Louis E Knight MD (M. D. or other)

Address: 8201 N Broadway Date signed 3/23/48

(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.....

Licensed Embalmer No.....

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.

S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 0

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 274

1. PLACE OF DEATH:
(a) County ST. LOUIS. CO.
(b) City or town 9759 LILAC. DR. RIVERVIEW. GARDENS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 30
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS. CO
(c) City or town Riverview Gardens
(If outside city or town limits, write "RURAL")
(d) Street No. 9759 Lilac Dr
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNIE. I. PIERLOW
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Eugene Pierlow
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT. (Month) 27. (Day) 1866 (Year)

8. AGE: Years 81 Months 5 Days 2 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Eugene J. Pierlow
(b) Address 9759 Lilac. Dr.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 3. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation NEW. BETHLEHEM
18. (a) Signature of funeral director Donald Diedrich
(b) Address 8319 HALLS FERRY. RD.
19. (a) 3-2-48 (Date received local registrar) (b) Paula J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 29
year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 10, 1948, to Feb 1, 1948;
that I last saw her alive on Feb 1, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ft Hemiplegia	
Cerebral hemorrhage	
Due to Pulmonary Osteoma	
Due to	
Other conditions Diabetes Mel (include pregnancy within 3 months of death)	
Breast amputated 20 yrs ago for Carcinoma	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 8201 N Broadway Date signed 3-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

S-11108

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 B. W. Wilkinson

Licensed Embalmer No. 3575

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.