

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38204**

FILED NOV 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>168</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		d. STREET ADDRESS (If rural, give location) <u>417 Belmont</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>417 Belmont</u>				d. STREET ADDRESS (If rural, give location) <u>417 Belmont</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAVE</u> b. (Middle) <u>PHILLIP</u> c. (Last) <u>FILLA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 11 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-22-1892</u>		9. AGE (In years last birthday) <u>59</u>	Months <u>10</u>	Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gustave Pilla Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Buh</u>		14. NAME OF HUSBAND OR WIFE <u>Julla Pilla</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>492-10-9929</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gustave Pilla</u>		ADDRESS <u>Washington, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, generalized</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Original site undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>13 mos</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1 Oct</u> , 19 <u>51</u> , to <u>11 Nov</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11 Nov</u> , 19 <u>52</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Raymond J. Boggo M.D.</u>				23b. ADDRESS <u>Washington, Mo</u>		23c. DATE SIGNED <u>14 Nov 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-15-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>H. Francis Boggs Church</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 14, 1952</u>		REGISTRAR'S SIGNATURE <u>J.P. Schramm</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Schramm</u>		ADDRESS <u>Washington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 24 1953

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

M. W. Willenbrink

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.