

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25082

318

1003

State File No.

6217

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Berkeley</u> <u>409</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>6821 Graham Rd.</u>			
3. NAME OF DECEASED (Type or Print) <u>DOMENICO PILLA</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>6-7-54</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>5-21-1883</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION. (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Benjamin Pilla</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Cihalle</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Pilla</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Pilla Berkeley, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Uremia</u>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES				DUE TO (b) <u>Chronic glomerulonephritis</u> <u>2 years</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Diabetes mellitis</u> <u>5 years</u>			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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"/>		21f. HOW DID INJURY OCCUR? <u>260X</u>			
22. I hereby certify that I attended the deceased from <u>7-5-</u> , 19 <u>54</u> , to <u>7-7-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-6</u> , 19 <u>54</u> , and that death occurred at <u>10 am.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack Keeler M.D.</u> (Degree or title)				23b. ADDRESS <u>40 North Florissant Ferguson, Mo</u>		23c. DATE SIGNED <u>7-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JUL 9 1954</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WHITE CHAPEL, FERGUSON, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Eleanor Province*.....

Licensed Embalmer No. *34*.....

P. O. Address *Jennings*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.