

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13863

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1123  
Township Carondelet Primary Registration District No. 648  
City St. Louis (No. 600 Bayles Ave)

File No. \_\_\_\_\_  
Registered No. 128 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Bigatt  
(a) Residence, No. 600 Bayles Ave Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Bigatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 11 2

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Char Bigatt  
600 Bayles Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope DATE Apr 16 1932

19. UNDERTAKER (ADDRESS) Frankl Hud Co  
2212 N. Chicago St

20. FILED Apr. 14 1932 L. C. Abbott Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1931 to Apr 13 1932  
I last saw h. alive on Apr 13 1932. Death is said to have occurred on the date stated above, at 7:50 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
93C  
106A  
93C  
Other contributory causes of importance: Acute Bronchitis 1 week

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) V. J. Humphreys, M. D.  
(Address) 7702 Irving

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 28 1932

