

1939 OCT 15 1939

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

33235
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 678
 (b) Township Roller Primary Registration District No. 5903
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

Walter Pilger
 (a) Residence, No. St. James Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beulah Pilger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1884
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 5 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 8-18-39 11. Total time (years) spent in this occupation 20 7/2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 9-19- 1939 to 9-19-1939, 1939
 I last saw him alive on 9-19-1939 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Sudden heart failure Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dillon Mo

FATHER 13. NAME Leonard H. Pilger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn

MOTHER 15. MAIDEN NAME Sarah Lasher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Beulah Pilger
 (ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Trishan Cem DATE 9-21, 1939

19. FUNERAL DIRECTOR (NAME) H. E. Uchler
 (ADDRESS) St James Mo

20. FILED 9-20- 1939 Elvie B. House
 Local Registrar.

Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) W. H. [Signature] M. D.
 (Address) _____

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

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.

I X18605

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 me

....., Registered Apprentice No.

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 1039242

Date Filed 10 10 39

Signed Orvil E. L. Blider

Licensed Embalmer No. 35144

P. O. Address St James M

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, above space should be left blank.