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No. 2  
4-13-40  
5-17-39  
PI 223789

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

791

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mo., 14 days  
(Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME George Bigby

3. (b) If veteran, name war. Unknown

3. (c) Social Security No. Unknown

4. Sex Male ( ) 5. Color or race White

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Lillie Bigby

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

7. Birth date of deceased June 25 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 11 20 hr. min.

9. Birthplace Unknown / Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Bigby

13. Birthplace New York / New York  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Nutting

15. Birthplace New York / New York  
(City, town, or county) (State or foreign country)

16. (a) Informant J. G. Sullivan

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof June 17, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral home [Signature]

(b) Address 4212 St. Louis Ave

19. (a) JUN 16 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MOO

(c) City or town St. Louis 1317  
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1941 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 31, 1940 to June 14, 1941  
that I last saw h im alive on June 14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Epileptic diemetic

Due to 932

Due to \_\_\_\_\_

Other conditions Degenerative heart disease  
(Include pregnancy within 3 months of death)

Major findings: Of operations non malignant 930

Of autopsy Epileptic diemetic  
arteriosclerosis, fibrosis of pancreas

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature R. E. Stark (M. D. or other) CO

Address 5800 Arsenal Date signed 6/15/41

**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.....

*Ernest W. Wilkins*

Licensed Embalmer No.....

*13575*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**