S. No. 2
M—5-4
5-17-3
1 X-2875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18358

FILED JUN 11 1943

Registrar's District No. 3027

Primary Registration District No. 5757

Registrar's No. 104

1. PLACE OF DEATH:
(a) County ~~Phelps~~ Maries 63
(b) City or town Rural....Vichy, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Johnson Lee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries 63
(c) City or town Rural....Vichy Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME William H. Pilger
3. (b) If veteran, name war .....
3. (c) Social Security No. 499-03-2293
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta Pilger
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. 2, 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	5	20	..... hr. ..... min.

9. Birthplace St. James, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business .....
FATHER 12. Name Leonard Pilger
FATHER 13. Birthplace Philddelphia Pa. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Lasher,
MOTHER 15. Birthplace Canada (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Augusta Pilger
(b) Address Vichy Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery, St. James Mo.,
18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th, Rolla Mo.,
19. (a) ~~Burial~~ (Date received local registrar) 5-28-43 (b) Erma Bassett (Registrar's signature) 1096

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1943 hour 11 minute 55 P. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw h..... alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Multiple Skull Fractures
Due to Fractured Neck 4
Due to .....
Other conditions (Include pregnancy within 3 months of death) NOC
Major findings: Of operations .....
Of autopsy .....

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) Accident 963
(b) Date of occurrence May 22, 1943
(c) Where did injury occur? Highway 28 Maries Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? ..... (e) Means of injury Auto Wreck
23. Signature S. C. Howard (M. D. or other) Co. Coroner
Address Vienna, Mo. Date signed 5/26/43

(Licensed Embalmer's Statement on Reverse Side) Maries Co. Coroner

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.....

.....Licensed Embalmer No. 3297

P. O. Address.....

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.