. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22426

Registration District No. ..... Primary Registration District No. 2003 Registrar's No. 6712

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution:
Barnes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 Days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. ..... 2 NR
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Fred Warren Pilcher

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Delle Pilcher

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March (Month) 12 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	4	16	..... hr. ..... min.

9. Birthplace Mexico (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Jeweler

11. Industry or business .....

FATHER
12. Name Mark Pilcher
13. Birthplace Unknown (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Ursula Fowles
15. Birthplace Unknown (City, town, or county) Maine 1 (State or foreign country)

16. (a) Informant Delle Pilcher
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 30 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1945 hour 11 minute 30 a.M.

21. I hereby certify that I attended the deceased from June 9, 1945, to July 28, 1945
that I last saw him alive on July 28, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature F. R. Bradley 0 (M. D. ~~or other~~)

Address Barnes Hospital, Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1946

DEC 10 1945

MAY 27 1946

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 John Ogonoski

Licensed Embalmer No. 3398

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.