. No. 2
M—2-43
5-17-39
I X35697

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

30826

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 1 1945

State File No.

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 221

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: ✓ /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Crystal City /
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Raymond Pigman

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nellie

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 6, 1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	5	20	hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Maintenance

FATHER
12. Name James Pigman
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Raymond Pigman
(b) Address Crystal City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 31, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Gentry R. Pollitt
(b) Address Crystal City, Mo.

19. (a) Aug 28, 1945 (Date received local registrar) (b) Virginia Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1945 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from May 6, 1945, to Aug 26, 1945
that I last saw him alive on Aug 24, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypernephroma with metastase	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 52W	
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)

(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 Bertha Bolgur (M. D. or other)

Address Festus, Mo. Date signed 8/28/45

1359

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health-Officer No. 9,
District File Number.....
Date Filed 9-28-45

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 Julius R. Politte

Licensed Embalmer No. 3481

P. O. Address Crystal City,

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.