. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33229

FILED OCT 24 1945

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1083

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2812 Sacramento / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 2812 Sacramento 7 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Louis D. Pilgram

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Lena Pilgram

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October (Month) 17 (Day) 1859 (Year)

8. AGE: Years 85 Months 11 Days 20 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation retired cabinet maker

11. Industry or business

FATHER
12. Name Louis D. Pilgram
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ripple
15. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Louis D. Pilgram

(b) Address 2812 Sacramento

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/ 9 /45 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton BeGole & Bowman

(b) Address 319 South 10th

19. (a) 10-9-45 (Date received local registrar) (b) H. J. Westhouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th year 1945 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Oct 6, 1945 to Oct. 7, 1945; that I last saw him alive on Oct. 6, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	4 days
Due to Cardio Vascular Renal Disease	4 yrs
Due to Arterio-Sclerosis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation

Of autopsy no 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 Gordon D. Wright MD (M. D. or other)

Address 845 S. 19th Saint Joseph Mo Date signed 10/7/45

1428 (Licensed Embalmer's Statement on Reverse Side)

Dr. H. D. Wright
845 So. 19th
4-0247

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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 Frank A Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph Mo

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.