

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38518

FILED DEC 6 1949

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State File No.

Registrar's No. 10136

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 3514 University St.		d. STREET ADDRESS (If rural, give location) 10 St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3514 University St. B							
3. NAME OF DECEASED (Type or Print) a. (First) Michael J. b. (Middle) _____ c. (Last) Bilgere			4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Jan. 2, 1858	
9. AGE (In years) 91		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Baldwin, Ill	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Michael J. Bolgere		13b. MOTHER'S MAIDEN NAME Thresa Moeller		14. NAME OF HUSBAND OR WIFE Susana Bilgere	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-12-3198		17. INFORMANT'S SIGNATURE OR NAME George Bilgere ADDRESS 2820 N. Grand Blvd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Oedema ANTECEDENT CAUSES Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years 5 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) Ill		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222					
22. I hereby certify that I attended the deceased from Nov , 1944, to Nov 22 , 1949, that I last saw the deceased alive on Nov 23 1949, and that death occurred at 1 P m., from the causes and on the date stated above.							
23a. SIGNATURE Paul J. Vought (Degree or title) _____				23b. ADDRESS 2249 St. Louis		23c. DATE SIGNED 11/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/26/49		24c. NAME OF CEMETERY OR CREMATORY Baldwin		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. NOV 25 1949		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE Paschsdag-Henke		ADDRESS 2825 N. Grand Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address Blair's Mt

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.