

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42013**  
10952

BIRTH NO. #105665 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10952

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>St. Louis City Hospital #1</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 2033</i>	
		d. STREET ADDRESS (If rural, give location) <i>2002 Knox Ave</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)	Dec. 21st, 1950		
<i>JOSEPH BIGNEY</i>					

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 29, 1882</i>	9. AGE (In years last birthday) Months Days <i>68 1 22</i>	10. IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Police Dept</i>	11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo</i>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <i>Frank Bigney</i>	13b. MOTHER'S MAIDEN NAME <i>Ida Anderson</i>	14. NAME OF HUSBAND OR WIFE <i>Bertrude S. Sell</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Bertrude S. Sell Bigney</i>	ADDRESS <i>2002 Knox</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebro Vasculer Accident 9 days</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>following Myocardial Infarction</i>		
	DUE TO (b) <i>following Myocardial Infarction</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4201</i>
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22. I hereby certify that I attended the deceased from 12/12/50, to 12/21/50, that I last saw the deceased alive on 12/21/50, and that death occurred at 8:42am, from the causes and on the date stated above.

23a. SIGNATURE <i>Calvin J. Immers</i>	(Degree or title)	23b. ADDRESS <i>1515 Lafayette Ave.,</i>	23c. DATE SIGNED <i>12/21/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>12/23/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
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DATE REC'D BY LOCAL REG. <i>DEC 23 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	25 FUNERAL DIRECTOR'S SIGNATURE <i>John J. ...</i>	ADDRESS <i>1119 No. ...</i>
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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

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Gay W. Wilkinson

Licensed Embalmer No. 3574

P. O. Address St. Louis 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.