

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

2886

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5349<sup>A</sup> EASTON AVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
e. STREET ADDRESS <u>5349<sup>A</sup> EASTON AVE</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
<u>EUGENE</u>		<u>PILCHER</u> <u>JAN. 9-1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN 31-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER &amp; DECORATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>67</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>RICHARD M. PILCHER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA F. COLHOPPE</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>1<sup>st</sup> WW</u>	
16. SOCIAL SECURITY NO. <u>490-18-8221</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma Hogel, Conception, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</u> DUE TO (c) <u>Carcinoma of Spleen</u> 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 checked="" 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)	
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? <u>H2O1</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:20 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Edw. Perry Deputy Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>1/12/51</u>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24a. DATE <u>JAN. 13-1951</u>		24b. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM.</u>	
24c. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. MULLEN UND.</u>	
25. ADDRESS <u>CO. 5165 DELMARB</u>		DATE REC'D BY LOCAL REG. <u>JAN 12 1951</u>	
REGISTRAR'S SIGNATURE <u>LB Parster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. MULLEN UND.</u>	

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

MAY 13 1952

MAR 29 1951

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. Allen Davis, Jr.*

Licensed Embalmer No. 4053

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.