

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32679

State File No.

FILED OCT 14 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> RURAL <u>St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>1 Mo., 14 Ds.</u>		d. STREET ADDRESS (If rural, give location) <u>3514 University</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PHYLLIS</u> b. (Middle) <u>DOROTHY</u> c. (Last) <u>BILGERE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 3, 1952</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 5, 1901</u>	9. AGE (In years last birthday) <u>51</u>	10. MONTHS <u>5</u>	11. DAYS <u>28</u>	12. HOURS <u></u>	13. MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Baldwin, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Michael J. Bilgere</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Schlader</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde Boyle - First</u> <u>James Taylor - Second</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-12-3199</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>		ADDRESS

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			INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis - - - - -</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis - -</u> DUE TO (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Alcoholism, Without psychosis.</u>			<u>Sev. yrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332x</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	

22. I hereby certify that I attended the deceased from August 19, 1952, to October 3, 1952, that I last saw the deceased alive on October 3, 1952, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>John P. Brennan</i>		23b. ADDRESS <u>State Hospital No. 4</u> <u>Farmington, Missouri</u>		23c. DATE SIGNED <u>10-6-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baldwin Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Baldwin, Illinois</u>			

DATE REC'D BY LOCAL REG. <u>Oct. 6, 1952</u>	REGISTRAR'S SIGNATURE <i>Eather</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Miller</i>	ADDRESS <u>Miller Funeral Home, Farmington, Missouri</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

940
2

No. 300
10-48

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 Paul K. Dejean

Licensed Embalmer No. 429

P. O. Address Farmington, 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.