

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41435

State File No.

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 3046

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	c. LENGTH OF STAY (In this place) <u>55-Yrs.</u>	c. CITY OR TOWN <u>University City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7526 Liberty</u>		e. STREET ADDRESS (If rural, give location) <u>7526 Liberty</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) _____ c. (Last) <u>Bilgere</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1953</u>
---	--

5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Jan. 1, 1897</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	IF UNDER 24 HRS. Hours _____ Min. _____
---------------------	-------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Film Inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Metro Golden Mayer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Ill.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	---

13a. FATHER'S NAME <u>David O'Connell</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Broderick</u>	14. NAME OF HUSBAND OR WIFE <u>Edward W. Bilgere</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-10-7274</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Katherine Moynihan, 7526 Liberty</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>3 1/2 years</u> <u>5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis & Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterial Disease</u> DUE TO (c) <u>Coronary Arterio Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (Min.)	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 May 8, 1950, to Nov. 26, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 12:15 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Hiram L. Lygett</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3720 Washburn Blvd.</u>	23c. DATE SIGNED <u>11/27/53</u>
--	----------------------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
---	-----------------------------------	---	--

DATE REC'D BY LOCAL REG <u>11/27/53</u>	REGISTRAR'S SIGNATURE <u>Robert E. Stone</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly, 3840 Lindell Blvd.</u>
--	---	---

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

1-2-20

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.....
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *3565*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.