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FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42504

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11457**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo.** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis Mo.** d. Is Residence within limits of a city or incorporated town? Yes  No   
d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital** e. STREET ADDRESS (If rural, give location) **13 City Infirmary ~~222~~ 5800 Arsenal**

3. NAME OF DECEASED a. (First) **ESTHER** b. (Middle) \_\_\_\_\_ c. (Last) **PILGER** 4. DATE OF DEATH (Month) (Day) (Year) **Dec. 28, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED,  WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Apr. 2, 1899** 9. AGE (In years last birthday) **56** 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) **none** 10b. KIND OF BUSINESS OR INDUSTRY **X X X X X** 11. BIRTHPLACE (City and State or Foreign Country) **Grand Tower Ill** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William Sumner** 13b. MOTHER'S MAIDEN NAME **Effie Colp** 14. NAME OF HUSBAND OR WIFE **Late ~~John G~~ John G Pilger**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS. **Herbert C Sumner Brother 1112 N 9th Apt. 202**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Atelectasis of Lungs, Pneumonia, Fracture of left femur, suffered in fall at St. Louis Chronic Hospital on December 16th 1955 about 4:30 pm.** INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
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 **Eqn 47 Accident** 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Asp.** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Dec 16 55 4:30 m.** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **acc**

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 **3:58** m., from the causes and on the date stated above.

23a. SIGNATURE **Regina Juan** 23b. ADDRESS **1305 Clark** 23c. DATE SIGNED **12/29/55**

24a. BURIAL CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Dec. 31, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **DEC 29 1955** REGISTRAR'S SIGNATURE **Charles Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **By. Leidner Und. Co 2223 St. Louis Ave.**

(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. Wm. Binkley*.....  
Licensed Embalmer No. *365*  
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.