

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18457

318

1009

Registrar's No. 5206

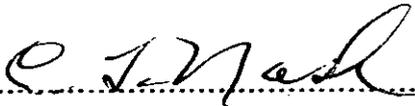
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|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | REGISTRAR'S NO. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (In this place) 3 weeks | | c. CITY OR TOWN E. St. Louis | | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 2 I John DeShields Homes | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Frank | | b. (Middle) NMN | | c. (Last) Piggee | | 4. DATE OF DEATH (Month) (Day) (Year) May 28, 1956 | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Oct. 27, 1894 | |
| 9. AGE (In years last birthday) 61 | | IF UNDER 1 YEAR Months 6 | | IF UNDER 24 HRS. Days Hours Min. | | 11. BIRTHPLACE (City and State or Foreign Country) Marvel, Arkansas | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-butcher | | 10b. KIND OF BUSINESS OR INDUSTRY SWIFT PACKING CO | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Joe Piggee | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Kensola Piggee | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 327-03-0669 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kensola Piggee 2 I John DeShie | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of kidney with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180x | | | | INTERVAL BETWEEN ONSET AND DEATH 8 mos. | |
| 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) m. | | 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 7, 1956 , to May 28, 1956 , that I last saw the deceased alive on May 28, 1956 , and that death occurred at 1:50A m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) C. Vermillion, M.D. | | | | 23b. ADDRESS BARNES HOSPITAL | | 23c. DATE SIGNED 5/28/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 5-31-56 | | 24c. NAME OF CEMETERY OR CREMATORY Barnes Cremation | | 24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois | |
| DATE REC'D BY LOCAL REG. MAY 31 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE C. J. V. V. V. | | ADDRESS 111 N. 13th | |

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.....


Licensed Embalmer No.....

P. O. Address.....

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.