

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42703

State File No.

11652

FILED JAN 15 1957

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Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Festus</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 (If not in hospital or institution, give street address or location) <u>Pronounced dead at Cardinal Glennon Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>923 S. 2nd., St</u> 0500/			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pamela</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Bilkey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct. 27, 1954</u>	
9. AGE (In years last birthday) <u>2 Years</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William W. Bilkey</u>	
13b. MOTHER'S MAIDEN NAME <u>Ramona Ruth Foosey</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 date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wm. W. Bilkey</u>		ADDRESS <u>923 S. 2nd., St. Festus., Mo</u>		18. CAUSE OF DEATH Enter full name under line for (a), (b), and (c) <u>Pneumonia</u> <i>*This does not mean the mode of dying such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Palsy</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) <u>Festus Mo</u>		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 <u>12-17, 1956</u> , to <u>12-17, 1956</u> , that I last saw the deceased alive on <u>12-17, 1956</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Harry Goskit M.D.</u> (Degree or title)		23b. ADDRESS <u>Festus Mo</u>	
23c. DATE SIGNED <u>12/17/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 19, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>	
24d. LOCATION (City, town, or county) (State) <u>Festus., Mo.</u>		DATE REC'D BY LOCAL REG. <u>DEC 20 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wynard Funeral Home Festus Mo</u>	
ADDRESS <u>Festus Mo</u>		(Licensed Embalmer's Statement (in 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.....
Donald R. Howard

Licensed Embalmer No.....
460

P. O. Address.....
Festus, 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.