

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033894

STATE FILE NUMBER

FILED OCT 10 1958

Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 33

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | | | |
|---|--|--|---|---|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wentzville RR1</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Wentzville</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Residence</u> | | | Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) <u>R R 1</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Herman</u> Middle <u>J.</u> Last <u>Pilgrim</u> | | | | 4. DATE OF DEATH Month <u>October</u> Day <u>3</u> Year <u>1958</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Aug. 26, 1887</u> | | 9. AGE (In years less birthday) <u>71</u> F UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis County</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Henry Pilgrim</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Louise Kaiser</u> | | | 14. NAME OF HUSBAND OR WIFE <u>None</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> <u>None</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Henry Pilgrim Wentzville, Mo. RR1</u> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Angina Cardiac</u> DUE TO (b) <u>Cancer Esophagus</u> DUE TO (c) <u>Hypotension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 years</u> <u>150X</u> <u>2 years</u> | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | | |
| 21. I attended the deceased from <u>1955</u> to <u>October-58</u> and last saw her/him alive on <u>October 1, 1958</u> Death occurred at <u>11:00 P. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>Frank W. Trace MD</u> (Degree & title) | | | | | 22b. ADDRESS <u>Wentzville, Missouri</u> | | | 22c. DATE SIGNED <u>10-4-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Oct. 6, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>South Linn Cemetery</u> | | | 23d. LOCATION (City, town, or county) (State) <u>Wentzville, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>T. J. Pitman</u> <u>Wentzville, Mo.</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>Oct. 7, 1958</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

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 *Carlton J. Pitman*

Licensed Embalmer No. *4974*

P. O. Address *Wentzville*

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.