

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022550

FILED JUL 13 1959

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY St Clair									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		Length of stay in 1b 2 1/2 yrs		c. CITY OR TOWN Belleville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Emmas Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4707 Water		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mathilda Middle Pilkington Last Pilkington				4. DATE OF DEATH Month July Day 3 Year 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/3/1883		9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Sweden		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Peterson				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Robert H. Pilkington					
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. None		17. INFORMANT Address Mrs Arthur Fickinger Belleville I							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia										INTERVAL BETWEEN ONSET AND DEATH 2 day			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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 Nov 1955 to July 1959 and last saw her alive on July 5, 1959 Death occurred at 10:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W M H Poggenmeyer MD (Degree or title)				22b. ADDRESS St Charles, Mo				22c. DATE SIGNED July 5, 1959					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/7/59		23c. NAME OF CEMETERY OR CREMATORY Walnut Hill				23d. LOCATION (City, town, or county) (State) Belleville Ill.					
24. FUNERAL DIRECTOR Albert B. Baldus Belleville Ill ADDRESS						25. DATE RECD. BY LOCAL REG. July 6-59		26. REGISTRAR'S SIGNATURE Maxella Wilson					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 24 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Wigil A. Dugan*
Licensed Embalmer No. 369
P. O. Address Bellewit

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