

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **7732**

STATE FILE NUMBER

**FILED AUG 28 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Illinois</b> b. COUNTY |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |  | Length of stay in 1b<br><b>15 days</b>  | c. CITY OR TOWN <b>Trenton</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis-Little Rock Hospital, Inc.</b>           |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>317 E. 2nd Street</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Walter</b> Middle <b>Augustus</b> Last <b>Pilgrim</b>                             |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>18</b> Year <b>1961</b>  |   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>9-5-1896</b>   | 9. AGE (last birthday)<br><b>64</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>General Bookkeeper</b>          |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mo. Pa. Railroad</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  | 13a. FATHER'S NAME<br><b>Henry Pilgrim</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Minnie Hollmann</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Edna Pilgrim</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes 1st World War</b>  |   | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><b>Mrs. Edna Pilgrim, 317 E. 2nd Street</b>  |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumococcal Pneumonia</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>1621</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 Mos</b>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>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 <b>August 4, 1961</b> to <b>August 18, 1961</b> and last saw her/him alive on <b>8/14/61</b>     |  | Death occurred at <b>8/18/61 9:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |
| 22a. SIGNATURE<br><i>James C. Vest M.D.</i> (Degree or title)   |  | 22b. ADDRESS<br><b>1755 S. Grand Blvd.</b>  |   | 22c. DATE SIGNED<br><b>8/18/61</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>Aug. 21, 1961</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Math Hermann Funeral Home, St. Louis, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>AUG 21 1961</b>  |   | 26. REGISTRAR'S SIGNATURE<br><i>Earl Smith, M.R.</i>   |  |

2161 E. Fair Ave

**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 *Elephant McNeary*

Licensed Embalmer No. 9732

P. O. Address St. Louis

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.