

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE CARBON, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6362

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. _____, St. _____ Ward)

Registration District No. 789
Primary Registration District No. _____

File No. _____
Registered No. 44

2. FULL NAME

Marvin Benjamin Pigg
(a) Residence, No. 3719 Manley St., _____ Ward, _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23-1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
6 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

13. NAME Marvin Charles Pigg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo.

15. MAIDEN NAME Salda Krepps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Esther, Mo.

17. INFORMANT Marvin Charles Pigg (ADDRESS) 3719 Manley Ave. S.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. Feb. 20, 1934

19. UNDERTAKER Albert H. Hoppe (ADDRESS) 429 N. Euclid Ave.

20. FILED 2-20-34 W. B. Baehner Registrar.

21. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 12, 1934 to Feb. 18, 1934

I last saw him alive on Feb. 18, 1934 Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 2 days
Measles 10 days Date of onset 7 days

Other contributory causes of importance: _____

(Name of operation) _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Jose, Prostrecht, M. D.
(Address) 3661 Center Drive

St. Louis, Mo.

