

Handwritten notes at top left corner.

REC'D MAY 10 1938

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

13016
Do not use this space.

1. PLACE OF DEATH

(a) County D Registration District No. 791
(b) Township 12 Primary Registration District No. 1003 Registered No. 3620
(c) City St. Louis, Mo. (d) Street No. Missouri Pacific Hospital St.
(e) Length of residence in city or town where death occurred yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Clarence Bigelow 240
(a) Residence, No. St. KR Atchison, Kans.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELLA Marie Bigelow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10/1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 6 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Conductor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb. 1937
11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Nebraska

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unk.

15. MAIDEN NAME Unk.

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unk.

17. INFORMANT Charles Bigelow (ADDRESS) Atchison, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison, Kansas DATE 4-20-1938

19. FUNERAL DIRECTOR Albert H. Hoppe, Inc. (ADDRESS) 429 N. Euclid, Ave.

20. FILED APR 18 1938 J. D. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1938 to 4-18-1938

I last saw him alive on 4-18-1938 Death is said to have occurred on the date stated above, at 12:25 P.M. The principal cause of death and related causes of importance were as follows:

Hypermphroma, rt. with generalizid metastases Primary seat in Right Kidney

Other contributory causes of importance: 51A

Name of operation Nephrectomy Date of 1-1-1937
What test confirmed diagnosis? Was there an autopsy? Yes

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) R. W. Medley M. D. (Address) Mo. Pac Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAR 2 RESERVED FOR BINDING

V. S. 20-37 50M-7-20-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by....., Registered Apprentice No.

working under my personal supervision.

Signed *Albert G. Hoyle*

Licensed Embalmer No. *2971*

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.)