

PR 25 1939

REC'D MAY 11 1939

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

16036
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County Registration District No. 784
(b) Township 3 Primary Registration District No. 100 Registered No. 244
(c) City Brentwood (d) Street No. 8950 Manchester - Gumboldt Place St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred
yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Pilgram

(a) Residence, No. Baden Station St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1875
7. AGE YEARS 63 MONTHS 10 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER 13. NAME John Dreyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Paul Pilgram
(ADDRESS) Baden Station

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Apr. 27 '39

19. FUNERAL DIRECTOR (NAME) Bromschwig Und. Co.
(ADDRESS) 4746 W. Florissant Ave.

20. FILED APR 25 1939 GR Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Kingman Ave, 1934, to 4/24, 1939.
I last saw her alive on 4/17/39, 1939. Death is said to have occurred on the date stated above, at 2.9 m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Chronic Interstitial Nephritis
Arteriosclerosis
Date of onset 59

Other contributory causes of importance:
Chronic Interstitial Nephritis
Arteriosclerosis

Name of operation Thorotomy Date of 5/1
What test confirmed diagnosis? Thorotomy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 4/24, 1939
Where did injury occur? St. Louis (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?
If so, specify —
(Signed) Paul Jernstedt, M. D.
(Address) 3919 W. Florissant

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

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.

1 X16003

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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 this body is not embalmed, above space should be left blank.