

FILED JUL 8 1944

318

Primary Registration District No.

1003

Registrar's No.

5861

1. PLACE OF DEATH: 535 Capital St.
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 5-15-44 to 6-29-44
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1433 N. 16th St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Rufus Piggs Jr.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 29
 year 44 hour 1 minute 44 M.

4. Sex M 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Willie Mae Pigg 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased 12 1894
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-15-44 to 6-29-44
 that I last saw him alive on 6-29-44 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 2 Days 17 If less than one day hr. _____ min. _____

Immediate cause of death: Cancer, Esophagus
 Due to _____
 Due to _____

9. Birthplace Greenville Miss
 (City, town, or county) (State or foreign country)

Other conditions: Ho
 (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Cancer - Esophagus
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Rufus Piggs
 13. Birthplace Natchest Miss
 (City, town, or county) (State or foreign country)
 14. Maiden name Ara Green
 15. Birthplace Natchest Miss
 (City, town, or county) (State or foreign country)

16. (a) Informant James Piggs
 (b) Address 3035 La Salle St

17. (a) Removal Removal (b) Date thereof 7-2-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenville Miss

18. (a) Signature of funeral director JAMES LOWE
 (b) Address 2930 Dickson St.

19. (a) JUN 30 1944 (b) J. J. Bredeke
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (c) Means of injury _____
 23. Signature Sherry Eschmayer (M.D. or other) _____
 Address 2328 Mauch Date signed 6-29-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

el Road

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 Clark Young
Licensed Embalmer No. 3371-0
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 this body is not embalmed, fact should be so stated above.