

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6812
Registrar's No. 2009

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution One month
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 21st
(c) City or town St. Louis
(d) Street No. 3323 a Pine
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Andrew W Pigg
3. (b) If veteran, name war World War One
3. (c) Social Security No. 494-24-9874

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 9th 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 16
If less than one day hr. min.

9. Birthplace Butler Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 11

15. Birthplace Unknown 11
(City, town, or county) (State or foreign country)

16. (a) Informant Eavene Peoples
(b) Address 3323a Pine St

17. (a) Burial (b) Date thereof 9/3/47
(Month) (Day) (Year)

(c) Place: burial or cremation Noted Cem. Jefferson Barracks

18. (a) Signature of funeral director C.W. Roberts
(b) Address 1416 North Taylor ave

19. (a) FEB 27 1947 (Date received local registrar)
J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 1-21, 1947 to 2-25, 1947
that I last saw him alive on Feb. 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death:
~~Septicemia secondary to (a) Pulmonary Phlegmonia (b) Post Oper. (c) No. for Perineural Abscess~~

Changed cause to (a) Periurethral abscess (b) Urinary Extravasation-stricture Acute Pulmonary Edema
Other conditions Malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) 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 Daniel W. Brown (M. D. or other)
Address 2601 N Whittier Date signed 2/26/47

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

MOTHER FATHER

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 *Fulton P. Culkin*.....

Licensed Embalmer No. *4198*.....

P. O. Address *Shen's 13 Mo.*.....

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.