

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5167**

1. PLACE OF DEATH:

(a) County **MISSOURI**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3421 MINNESOTA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **CATHERINE PIGEON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **EDWIN** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **DECEMBER 21 1890**
(Month) (Day) (Year)

8. AGE: Years **56** Months **5** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **WIDOW**

11. Industry or business **AT HOME**

12. Name **JOHN HUEMMLER**

13. Birthplace **MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **SUSAN ZINTEL**

15. Birthplace **MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **EDWIN PIGEON**

(b) Address **3421 MINNESOTA**

17. (a) **BURIAL** (b) Date thereof **MAY 24 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **RESURRECTION CEM.**

18. (a) Signature of funeral director **Thomas Kuttel**

(b) Address **2906 GRAVELS**

19. (a) **MAY 23 1947** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

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. **3421 MINNESOTA**
16 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **22**
year **1947** hour **12** minute **45** p.m.

21. I hereby certify that I attended the deceased from **July 28**, 19**44**, to **May 22**, 19**47**
that I last saw her alive on **May 21**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cachexia of Care
transition

Due to **Carcinoma of the uterus** **3 years**

Due to **(Cervix)**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

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 **Erna Liese M.D.** (M. D. or other) _____

Address **Beaumont Med. Bldg.** Date signed **5/23/47**

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

45
7-39
47070

3720 21/22th St. St. Louis
Mo. 7196
10:30 AM
12:30
2:00

JUN 13 1947

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 Leo J. Budd
Licensed Embalmer No. 3989
P. O. Address St. Louis, 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.