No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8384

FILED MAR 25 1948

Registration District No. 13

Primary Registration District No. 4185

Registrar's No.

36
3
0

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town St. Clair, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town St. Clair 36
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Harry J. Piggott
3. (b) If veteran, name war 0
3. (c) Social Security No. 1

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 27 (Day) 1878 (Year)

8. AGE: Years 70 Months Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired, Machinist
11. Industry or business
FATHER
12. Name Joseph Piggott
13. Birthplace Dublin Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace France 5 (City, town, or county) (State or foreign country)
16. (a) Informant Margaret Piggott
(b) Address St. Clair, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director John H. Geoken Sons
(b) Address 2630 Gravois Ave.
19. (a) 2-11-1948 (Date received local registrar) (b) E. L. Washington (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1948 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan. 21, 1948, to Feb. 10, 1948, that I last saw him alive on Feb 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion, Myocardial Pathology
Due to arteriosclerosis, generalized
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: unknown, unknown

94A

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. Rush McCulloch (or other)
Address 525 Frisco Bldg. Mo. Date signed 2/10/48
St. Louis, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 24 1948

MAR 25 1948

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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2630 Gravois Ave.

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.