

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

137770  
State File No. 3011  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MISSOURI** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS** c. LENGTH OF STAY (In this place) **3 Days**  
c. CITY OR TOWN **St. Louis,** d. Is Residence within limits of a city incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL**  
STREET ADDRESS (If rural, give location) **1411 Missouri Ave. 220 1/2**

3. NAME OF DECEASED (Type or Print)  
a. (First) **WALLACE** b. (Middle) **E.** c. (Last) **PEDIGO**  
4. DATE OF DEATH (Month) (Day) (Year) **APRIL 3, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**  
8. DATE OF BIRTH **10-31-1879** 9. AGE (In years last birthday) **75** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Conductor R.R.** 10b. KIND OF BUSINESS OR INDUSTRY **Retired**  
11. BIRTHPLACE (City and State or Foreign Country) **Kansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Joseph Pedigo** 13b. MOTHER'S MAIDEN NAME **Unk.** 14. NAME OF HUSBAND OR WIFE **Margaret Pedigo**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **S&A War.** 16. SOCIAL SECURITY NO. **?** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Madge Pedigo, 1411 Missouri Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Vascular Accident**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Unknown Causes**  
DUE TO (c) **Antecedent Complete Heart Block**  
2. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Complete Heart Block**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **331X**

22. I hereby certify that I attended the deceased from **3-30-55**, 19\_\_\_\_, to **4-3-55**, 19\_\_\_\_, that I last saw the deceased alive on **4-3-55**, 19\_\_\_\_, and that death occurred at **10:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. E. McDermott M.D.** 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **4-4-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4-6-1955** 24c. NAME OF CEMETERY OR CREMATORY **Hiram Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **APR 4 1955** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **McLaughlin Funeral Home, Inc.** **2301 Lafayette Ave**

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

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *James R. Chapman*

Licensed Embalmer No. *43*

P. O. Address *H. J. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.