JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-033239

FILED VS SEP 7 1960

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 2445

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings — Length of stay in 1b 1 Yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 24 Lamar Drive — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Jennings — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 24 Lamar Drive — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Theodore Middle George Last Pilgram

4. DATE OF DEATH Month 8 Day 16 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/22/99
9. AGE (last birthday) 61
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter (ret.)
10b. KIND OF BUSINESS OR INDUSTRY Meat
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Paul Pilgram
13b. MOTHER'S MAIDEN NAME Elizabeth Dwyer
14. NAME OF HUSBAND OR WIFE Elsie Pilgram

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-24-1475
17. INFORMANT Address Mrs. Elsie Pilgram, 24 Lamar Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia secondary to Arteriolar Nephrosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 9, 1960, to August 16, 1960 and last saw ~~her~~ him alive on August 15, 1960
Death occurred at 7:20 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sylvester A. Fratte M.D.
22b. ADDRESS 8700 Riverview Blvd.
22c. DATE SIGNED 8-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 8/19/60
23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens
23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.
25. DATE RECD. BY LOCAL REG. 8-16-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Dr. Sylvester Flotte
8700 Riverview
Ev 2-2631
Hrs. 1-5 Tues. & Wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Warren A. Car

Signature of Student Embalmer

Licensed Embalmer No. 355

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.