

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-011384  
STATE FILE NUMBER

MAR 28 1961  
AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2465**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis Mo.</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5816 Garesche Ave.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5816 Garesche Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>WILLIAM</b> Last <b>PILGRIM</b>				4. DATE OF DEATH Month <b>MAR.</b> Day <b>13</b> Year <b>1961</b>											
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/8/1891</b>		9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fireman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Fire Dept.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>William F. Pilgrim</b>				13b. MOTHER'S MAIDEN NAME <b>Catherine Klein</b>				14. NAME OF HUSBAND OR WIFE <b>Marie Pilgrim</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Specify branch, service, dates of service))				16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Marie Pilgrim 5816 Garesche Ave.</b>				Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>A C H D 4201</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>Sudden death</b> <b>years</b> <b>years</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				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 <b>3/25/58</b> to <b>3/13/61</b> and last saw him alive on <b>3/3/61</b> Death occurred at <b>3/13/61 1130P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <b>Robert A Bauer MD</b> (Degree or title)				22b. ADDRESS <b>37 31 Goodfellow</b>				22c. DATE SIGNED <b>3/14/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/16/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>				23d. LOCATION (City/town, or county) (State) <b>St. Louis County Mo.</b>							
24. FUNERAL DIRECTOR <b>JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.</b>				25. DATE RECD. BY LOCAL REG. <b>MAR 14 1961</b>				26. REGISTRAR'S SIGNATURE <b>Loan Smith M.D.</b>							

**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 \_\_\_\_\_



Licensed Embalmer No. 3980

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.