

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009362

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 266

FILED FEB 23 1962

VS 300
Rev. 4/59

14002

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in lb D.O.A. XXXXXX

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Louis County Hosp Inside Limits d. STREET ADDRESS (If outside, give location) #9 Valley View Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Thyrza Belle Pillsbury January 18 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-24-1916 9. AGE (last birthday) 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher-Kirkwood Public Schools 10b. KIND OF BUSINESS OR INDUSTRY California, Mo. 11. BIRTHPLACE (City and state or country) U.S.A.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jesse B. Gallagher 13b. MOTHER'S MAIDEN NAME Lenora Burford 14. NAME OF HUSBAND OR WIFE William E. Pillsbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Yes 17. INFORMANT William E. Pillsbury, Ladue, Mo. 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) Multiple traumatic injuries INTERVAL BETWEEN ONSET AND DEATH

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)

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.)
Operator of car involved in collision with truck

20c. TIME OF INJURY Hour 12:05 P.M. Month, Day, Year 1/18/62

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.) highway 20f. CITY, TOWN, OR LOCATION Frontenac COUNTY St. Louis STATE Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond M. Haro 22b. ADDRESS Coroner Clayton, Mo. 22c. DATE SIGNED 1/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Jan. 20 1962 23c. NAME OF CEMETERY OR CREMATORY Local-California, Mo. 23d. LOCATION (City, town, or county) (State) California, Missouri

24. FUNERAL DIRECTOR C. R. Lupton & Sons, St. Louis, Mo. ADDRESS 1-19-62 25. DATE RECD. BY LOCAL REG. John E. Murphy Md. 26. REGISTRAR'S SIGNATURE

USE BLACK INK OR TYPEWRITER RIBBON

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. _____

P. O. Address _____

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.