

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17873

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 159

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 12  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 yrs. 9 mos.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94  
(c) City or town 1st. Louis 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 1046 Park Ave. 0  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD C. PIGG

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Moore nee Ladd 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November 13, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 5 22 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bonne Terre, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Livery stable and night orderly

11. Industry or business \_\_\_\_\_

12. Name Henry Pigg

13. Birthplace Bonne Terre, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Cook

15. Birthplace Bonne Terre, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 5-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director B. J. Cemetery

(b) Address 313 Benton

19. (a) 5-14-46 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th  
year 1946 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 6, 1942 to May 5, 1946;  
that I last saw him alive on May 4th, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis, Duration several years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify place of place) Means of injury \_\_\_\_\_

23. Signature Francis J. Nichols (M. D. or other) \_\_\_\_\_

Address Farmington, Mo. Date signed 5-5-46

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

16753

289

RECEIVED

District Health Officer No. 4  
District File Number 546-2141  
Date Filed 5-15-46

MAY 20 1946

MAY 21 1946

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 C. J. Olyvall  
Licensed Embalmer No. 3706  
P. O. Address Bonne Terre

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.