

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

96

County St. Louis
Township Carondelet
City St. Louis, Mo.

Registration District No. 1123
Primary Registration District No. 6248 E
(No. MT. ST. ROSE HOSPITAL)

File No. 46781
Registered No. 474
St. _____ Ward _____

2. FULL NAME

Willard Pigg

(a) Residence, No. _____ St. _____ Ward. Bonne Terre, Missouri
(Usual place of abode)

Length of residence in city or town where death occurred yrs. _____ mos. 2 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florabelle Pigg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1904

7. AGE YEARS 33 MONTHS 4 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Missouri

13. NAME Reama Pigg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Missouri

15. MAIDEN NAME Elsie Kington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo. Missouri

17. INFORMANT (ADDRESS) Reamus Pigg, Bonne Terre, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE TRAY RIVER, Mo. DATE 12-5 1937

19. UNDERTAKER (ADDRESS) Albert H. Hoppe, 427 N. Euclid Ave., St. Louis, Mo.

20. FILED Dec. 3, 1937 E. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1937, to Dec. 2 1937

I last saw him alive on Dec. 2 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset Nov 1937

Other contributory causes of importance: Massive Pulmonary Hemorrhage Dec-2 1937

Name of operation Pneumothorax Date of 12-1-37
What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury _____, 19____

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) John J. Bouché Resident, M. D. (Address) 507 St. Rose Sanitorium St. Louis Mo

