

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis (No. 1123)

Registration District No. 1123
Primary Registration District No. 6248 E
Mt. St. Rose Sanatorium

File No. 46787
Registered No. 500
Ward

2. FULL NAME Helen Pigg

(a) Residence, No. 3719 Manly Ave St. Louis Mo. Ward.

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6 1908

7. AGE YEARS 30 MONTHS 0 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis

10. Date deceased last worked at this occupation (month and year) July 1 - 1937 11. Total time (years) spent in this occupation 2 yrs.

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

13. NAME Benjamin Pigg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Laura Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Laura Pigg
3719 Manly Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonny Cemetery DATE Dec. 29, 1937

19. UNDERTAKER (ADDRESS) Albert H. Hyman
429 N. Euclid

20. FILED Dec. 27, 1937 G. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937, to December 26, 1937. I last saw her alive on December 26, 1937. Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Pulmonary Tuberculosis Date of onset Jan 1937
Bilateral
Far Advanced C.

Other contributory causes of importance: 23
Low Blood Pressure Dec. 27 1937

Name of operation Pneumothorax Date of Oct 1937
What test confirmed diagnosis? ray, sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

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 None

(Signed) John Royce Resident, M. D.
(Address) Mt. St. Rose Sanatorium

Mt. St. Louis Mo

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.

