

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

23368
Do not use this space.

FILED AUG 7 1943

1. PLACE OF DEATH
 (a) County St. Louis, Mo. Registration District No. 318
 (b) Township St. Louis, Mo. Primary Registration District No. 1003 Registered No. 682644
 (c) City St. Louis, Mo. (d) Street No. Park Lane Memorial Hospital St. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Goldie Pigg
 (a) Residence, No. Farmington, Mo. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married Marvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-26-1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>37</u>	<u>6</u>	<u>2</u>	

OCCUPATION

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

9. Industry or business in which work was done, as 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) Farmington Missouri

FATHER

13. NAME William Cropps

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

MOTHER

15. MAIDEN NAME Clara Highley

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

17. INFORMANT (ADDRESS) Marvin Pigg Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington DATE 7/28 1943

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Napper, Inc. 4700 Farmington Blvd. Farmington, Mo.

20. FILED 83191012 H. P. Pigg Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1943

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1943 to July 28, 1943
 I last saw h. alive on July 28, 1943 Death is said to have occurred on the date stated above, at 4:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Cholelithiasis Indefinite
126
 Other contributory causes of importance: Hypertension Indefinite
 Name of operation Cholecystectomy Date of Aug 19 1943
 What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury —, 19—
 Where did injury occur? — (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify —
 (Signed) John J. Johnson M. D.
 (Address) Metropolitan Hotel, St. Louis

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed *John Gonowski*
Licensed Embalmer No. *3398*

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.)