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

Do not use this space.

34661

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B, — Registered No. 388

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Pickle, Will

(a) Residence. No. 826 S. 22nd St/ St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 9 mos. 24 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Black	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4th 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Will Pickle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alabama
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lena Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital Records
(Address) Koch, Missouri

15. FILED Nov. 5, 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1927, to Nov. 3, 1927, that I last saw him alive on Nov. 3, 1927, and that death occurred, on the date stated above, at 4:50 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis

(About) 3/23 A (duration) X yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Unknown
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) R. K. Ehrlich, M. D.
11/3/27 (Address) Koch Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park — DATE OF BURIAL Nov. 7 1927

20. UNDERTAKER Dunn Bros. — ADDRESS 715 S. Jeff Ave