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

Do not use this space.

16619

File No. 4780

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Sallie Pickett

(a) Residence. No. 433-4 Maffitt Pl St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-9-28

7. AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	4	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Robert Pickett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vaughan

(STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER Bettie Tramiel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson

(STATE OR COUNTRY) Mississippi

14. INFORMANT E. Guy

(Address) 5200 S. Kingshighway

15. Filed: 1-6, 1929

Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-23 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-22, 1929, to 4-23, 1929, that I last saw h. alive on 4-23, 1929, and that death occurred, on the date stated above, at 3:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Primary Pneumonia (Lobar) 10 d

10 d 1596

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Congenital Heart Disease

(duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) George S. Little, M. D

4-23, 1929 (Address) St Louis Children Hosp.

*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 Cem. DATE OF BURIAL: 4-1929

20. UNDERTAKER: People's Und. Co. ADDRESS 3100 Franklin

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.