

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

Do not use this space.

28391

**1. PLACE OF DEATH**

County.....  
Township.....  
City **St. Louis Mo.**

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **Bethesda Hospital**)

File No.....  
Registered No. **8266**  
St. .... Ward)

**2. FULL NAME**

**Donald J. Pickereel**

(a) Residence. No. .... St. **18** Ward. **Jerseyville Ill.**  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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** Single  
*(write the word)*

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** April 29, 1928

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
2 3 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Infant**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** Jerseyville Ill.  
(STATE OR COUNTRY)

**10. NAME OF FATHER** George Pickereel  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Fieldon Ill.  
(STATE OR COUNTRY)  
**12. MAIDEN NAME OF MOTHER** Mary Loraine  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Grafton Ill.  
(STATE OR COUNTRY)

**14. INFORMANT** George Pickereel  
(Address) Jerseyville Ill.

**15. AUG 19 1930** FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** August 17, 1930

**17. I HEREBY CERTIFY, That I attended deceased from August 17, 1930, to August 17, 1930, that I last saw him alive on August 17, 1930 and that death occurred, on the date stated above, at 8:15 P. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Acute Follicular Enteritis**  
**120 B**  
**H 4 B**  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 6 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. Home

DID AN OPERATION PRECEDE DEATH? name DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

8/18, 1930 (Signed) R. L. Collins, M. D. (Address) 4522 Olive

\*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** Jerseyville Ill. **DATE OF BURIAL** 8/19/30

**20. UNDERTAKER** Jacoby Bros. **ADDRESS** Jerseyville Ill.

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.

