

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

Do not use this space.

26750

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2302^a** **Cass Ave.**)

File No.....
Registered No. **7942**
St. Ward)

2. FULL NAME

(a) Residence, No. **2302^a Cass Ave.** St., **21** Ward.
(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 **Female** 4. COLOR OR RACE **white** 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) **unknown 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 60 **unknown** **unknown**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, 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) **St. Louis mo.**

FATHER 13. NAME **William Pickett**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Catherine Rogan**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Mary Rigney 2302^a Cass Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **July 20th 1931**

19. UNDERTAKER (ADDRESS) **Arthur J. Bonnelly & Co. 2039 Wash St.**

20. FILED **ALL 1931 May 20** Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 17**, 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1929** to **July 17**, 19**31**
I last saw h. alive on **July 17**, 19**31**. Death is said to have occurred on the date stated above, at **11:30 a.m.**

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

Cardiac - Hypertensive Chorea 1930
921A
93B
131
Other contributory causes of importance **Arteriosclerosis**

Name of operation..... Date of.....
What test confirmed diagnosis? **Autopsy** 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?.....
If so, specify.....

(Signed) **A. M. Keel**, M. D.
(Address) **2704 Cass**

WRITE PLAINLY, WITH UNFAINT 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.

2704 *Calceolaria*