

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

Do not use this space.

24873

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **4078**
City **Saint Louis** (No. **809 N. 23rd Street**)

File No.
Registered No. **7044**
St. Ward)

2. FULL NAME

Ida Pickenpack
(a) Residence, No. **809 N. 23rd Street** St. **M** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **15** 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 **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 5th 1895**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laundress**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Day work**
10. Date deceased last worked at this occupation (month and year) **unk** 11. Total time (years) spent in this occupation **unk**

12. BIRTHPLACE (CITY OR TOWN) **Putaska** (STATE OR COUNTRY) **Missouri**

13. NAME **Jim Leland**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Arkansas**

15. MAIDEN NAME **Jessie Askew**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **31**

17. INFORMANT (ADDRESS) **Andrew Pickenpack**
809 N. 23rd Street

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **July 31st 1932**

19. UNDERTAKER (ADDRESS) **Charles J. Patton**
410 7th Street

20. FILED **JUL 29 1932** 19 **W. C. Stanley** Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUL 28 1932**

22. I HEREBY CERTIFY That I attended deceased from **July 2 - 1932 to July 28 - 1932**
I last saw her alive on **July 27 - 1932** Death is said to have occurred on the date stated above, at **5:00 A. M.**
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia as a complication of Bronchitis
Date of onset **108**
Other contributory causes of importance: **Bronchitis**
108

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) **J. W. Brown** M. D.
(Address) **822 E. N. Jefferson**

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.

