

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Central
City St. Clair, Mo. (No. _____)

Registration District No. 294
Primary Registration District No. 5409B

File No. 41204
Registered No. _____

2. FULL NAME Chal Pickles (Hemker)

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1912
7. AGE YEARS 25 MONTHS 2 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. factory
10. Date deceased last worked at this occupation (month and year) 11-1937 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moreillon Mo.

13. NAME Louis Pickles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stantony Mo.

15. MAIDEN NAME Mina Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton MO.

17. INFORMANT Ellen Chisum
(ADDRESS) St. Clair Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moreillon DATE Nov 31 1937

19. UNDERTAKER Wm. Crayton
(ADDRESS) St. Clair Mo.

20. FILED Dec 3 1937 W. Duckworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:20 p.m.

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

Homicide By Poison

Other contributory causes of importance: Unknown

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11/27 1937

Where did injury occur? at home St. Clair Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at home

Manner of injury Homicide

Nature of injury Shot - Gun Wound

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Thos. P. Shopper Coroner

(Address) Fullerton Mo.

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.

[JAN 4 1956]