

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.

1939

LEGO FEB 7 1939

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 784 File No. 3931
 Township Carondelet Primary Registration District No. 2 Registered No. 26
 City St. Louis (No.) Mount St. Rose Hospital St. Ward

2. FULL NAME Mrs. Sally Pickard
 (a) Residence, No. Holcomb, Mo. St. Ward Holcomb Mo. 1
 (Usual place of abode) RR #1 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Paul Pickard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1920
 7. AGE YEARS about 18 MONTHS DAYS If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Missouri
 FATHER 13. NAME Jess Sanford
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell, Mo.
 MOTHER 15. MAIDEN NAME Ethel Neal
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corning Ark.
 17. INFORMANT George Jones (ADDRESS) 3736a Evans
 18. BURIAL, CREMATION, OR REMOVAL PLACE Malden, Mo. DATE Jan 8, 1939
 19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 4700 Washington Blvd.
 20. FILED JAN - 6 1939 R. H. Meyer Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 5 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938 to Jan 5, 1939.
 I last saw her alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Far Advanced Pulmonary Tuberculosis Date of onset 1937?
27'
 Other contributory causes of importance:
Tubo-ovarian abscess
Myocardial failure
Drainage of abscess Date of Dec 1938
 Name of operation What test confirmed diagnosis? 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? no
 If so, specify
 (Signed) E. E. Gerson M. D.
 (Address) 9101 S. Broadway Ave
St. Louis, Mo.

APR 16 1942