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3-40
7-39
X23159

ED JAN 8 1941
Registration District No. **784**

Primary Registration District No. **101**

Registrar's No. **2404**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) **1**

3. (a) PRINT FULL NAME **Mary Pickel**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Pickel** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 16, 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	3	3	hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Henry Hambecker**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Sophia Keeper**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Adele Pickel**

(b) Address **Creve Coeur, Mo.**

17. (a) **Burial** (b) Date thereof **12/21/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary Cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Edith E. Ambruster**
(b) Address **4234 Manchester**

19. (a) **DEC 20 1940** (b) **R. M. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Creve Coeur**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #2, Box 108**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **19**
year **1940** hour **2.45 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Oct 22**, 19**40** to **Dec 14**, 19**40**
that I last saw her alive on **Dec 12**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Collapse** Duration **1 day**
Due to **chronic Myocarditis** years
Due to **chronic Nephritis** years

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: Of operations **131**
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **R. M. [Signature]** (M. D. or other) _____
Address **2000 S. Broadway St. [Signature]** Date signed **12/20/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

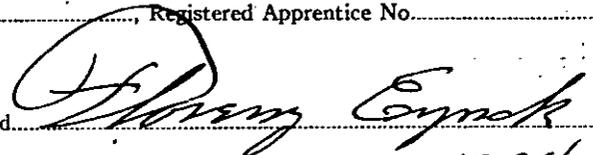
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No.....

1284

P. O. Address.....

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.