

FILLED JUL 21 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **4798**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6142 Simpson Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 317
(If outside city or town limits, write "RURAL")
 (d) Street No. 6142 Simpson Ave. 9
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles E. Pickering

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife May Pickering 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased June 27, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 12 If less than one day
hr. _____ min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Post Office Office
 11. Industry or business 3 years 9 mos. 8 days

MOTHER FATHER { 12. Name James Pickering
 13. Birthplace Illinois (City, town, or county) (State or foreign country)
 14. Maiden name Janet McKee
 15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant May Pickering
 (b) Address 6142 Simpson Ave.
 17. (a) Burial (b) Date thereof 6-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Odd Fellows

18. (a) Signature of funeral director Southern Funeral Home
 (b) Address 6322 S. Grand Blvd.

19. JUN 10 1941 (b) J. S. Brebeck
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
 year 1941 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Apr. 1 - 1937 to June 8, 1941
 that I last saw him alive on June 8, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage from cancer of bowels
 Due to: Cancer of recto-sigmoid junction
 Due to: primary site probably spinal col lymphosarcoma
 Other conditions: extradural
(Include pregnancy within 6 months of death)

Major findings: space of 7th cervical
 Of operation: _____
 Of autopsy: 54 69
 PHYSICIAN: _____
Underlines 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) (e) Means of injury 1

23. Signature R. P. Smith (M. D. or other) _____
 Address Leob Virginia Date signed 6-9-41

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

00
17
9

Dr. D. I. Pruitt

HU 2727

6000 Va. TUES
TODAY 2 P.M. 8 29 AM

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

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.