

FILED FEB 16 1943 18

Registration District No. Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3829 Hartford St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3829 Hartford St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John N. Pickel

3. (b) If veteran, name war. No 3. (c) Social Security No. No

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

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

7. Birth date of deceased. Nov. 16, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 15 hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name John Pickel

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

14. Maiden name Katherine Mueller

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

16. (a) Informant Oliver Pickel

(b) Address 3829 Hartford St.

17. (a) Burial (b) Date thereof. Feb 3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) FEB 9 1943 (b) J. F. Prudesh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1943 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 23rd
1941 to Jan 31st 1943
that I last saw him alive on Jan 31st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 12 hrs

Due to arteriosclerosis 5 yrs.

Due to

Other conditions 82
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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) (e) Means of injury

23. Signature A. H. Steiner M.D. (M. D. or other)
Address 3606 Travaux Date signed 2/2/43

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

*W. C. 11/10/01
1200 W. 10th St.*

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 *Wm. C. Stewart*
.....
Licensed Embalmer No. 3722.....

P. O. Address 412 Duchouquette St......

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.