. S. No. 2
0M—5-43
ev. 5-17-39
Form 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 32265

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9026

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:
Bethesdia Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri. (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 230 No. Union Blv'd.,
(if rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARTHA Jane Pickerill

3. (b) If veteran, name war none.

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

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 21, (Day) 1867. (Year)

8. AGE: — Years 78. Months 4. Days 27. If less than one day hr. min.

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

10. Usual occupation At Home...

11. Industry or business

12. Name Samuel Schwab.

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

14. Maiden name Sarah Burrier.

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

16. (a) Informant Mrs Lester L. Higgins.
(b) Address R.R.2. Barrington, Ill.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation Barrington, Illinois

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar, University City, Mo.

19. (a) OCT 19 1945 (Date received local registrar) (b) J. F. Brescock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th year 1945 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from Oct 1943 to Oct 18 1945 and that I last saw her alive on Oct. 18 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia (Left)	
Cerebral Hemorrhage	
Hypostatic Pneumonia	
Due to Progressive Arterio	
Sclerosis + Edema	
Due to of Brain	
Essential Hypertension	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy 8 30

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) None
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Raymond M. Shaw (M. D. or other)
Address 3140 Washington Date signed 10/19/45

(Licensed Embalmer's Statement on Reverse Side)

RAY M. SPIVY
3720 Washington
Je:6330

2 to 6 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.

32265/45

C. R. LUPTON & SONS

MORTICIANS
7233 DELMAR BOULEVARD
ST. LOUIS 5, MO.

Lupton

October 29th, 1945.

Bureau of Vital Statistics.
Municipal Courts Building,
St. Louis, Missouri.

Gentlemen:

I wish to make the following certification on the death certificate of Jane Pickerill, who died on October 17th, 1945.. at Bethesda Hospital in St. Louis, Mo., The certificate was made out in the name of 'JANE PICKERILL' and her legal name as specified on the holdings in her Estate is 'MARTHA JANE PICKERILL'.

Please make this alteration on the Certificate so that the affairs of her Estate may be expedited.

C. R. Lupton & Sons.

By C. R. Lupton Jr.
President.

MISSOURI. State.
ST.LOUIS. County. Subscribed and sworn to before me

this 29th day of October, 1945.

J. D. Lupton.
Notary Public.

My Commission expires 4/4/48.