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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15095

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3228

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

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: St. Louis City Hospital-Max C. Starkloff Memorial
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 922a Lami St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN PICKETT

3. (b) If veteran, name war --

3. (c) Social Security No. 494-09-5863

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jewell

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Sept. (Month) 1 (Day) 1905 (Year)

8. AGE: Years 40 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Machine Operator

11. Industry or business Knapp Monarch

FATHER
12. Name William Pickett
13. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Etta Brannon
15. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Jewell Pickett
(b) Address 922a Lami St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.

19. (a) APR 8 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1946 hour 6:50 minute P M.

21. I hereby certify that I attended the deceased from 3/7/46, 19, to 4/5/46, 19; that I last saw him alive on 4/5/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the adrenals c̄ metastasis to lung.

Due to trachea bronchial lymph node and inguinal glands

Due to (left)

Other conditions Fibrinous peritonitis
(Include pregnancy within 3 months of death)

Major findings: Of operations Us above

Of autopsy Stated above

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Peter Thomas 1515 Lafayette (M.D. or other) 4/5/46

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.