

FILED JUL 3 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

20963

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
917 N. Jefferson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 030

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2/17

(d) Street No. 917 N. Jefferson Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Pickens

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 15 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 4:00 minute 15 M.

21. I hereby certify that I attended the deceased from June 10, 1946 to June 24, 1946
that I last saw her, alive on June 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myo Carditis

Due to Rheumatism

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 58 Months 4 Days 98 If less than one day hr. _____ min.

9. Birthplace Hines County Miss
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Henry Reynolds

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

14. Maiden name Unkn.

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

16. (a) Informant Eddie Reynolds
(b) Address 917 N. Jefferson

17. (a) Burial (b) Date thereof 6-29-46
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement and Son
(b) Address 2620-35 Cole St.

19. (a) JUN 28 1946 (b) J. Beeseck
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Jerome (M. D. or other) _____
Address 2742A Franklin Ave. Date signed 6/27/46

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..... *W. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address..... *City*.....

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.