No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36558

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2299

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6719 Etzel 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 Mo. (b) County St Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6719 Etzel Ave. 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Anna S. Pickel
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George F. Pickel
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 17, (Day) 1868 (Year)

8. AGE: Years 79 Months 7 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....

FATHER
12. Name Conrad Stauf 0
13. Birthplace ..... (City, town, or county) Europe (State or foreign country) 0

MOTHER
14. Maiden name Anna Albrecht 11
15. Birthplace ..... (City, town, or county) Europe (State or foreign country) 8

16. (a) Informant Mildred Pickel
(b) Address 6719 Etzel Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) 11-3-47 (Date received local registrar) (b) Cecil A. Hoy MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1947 hour 8 minute 55 A. M.

21. I hereby certify that I attended the deceased from July 1, 1946 to Oct. 31, 1947
that I last saw her alive on Oct 30, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral arteriosclerosis	2 yrs
Due to Senility	
Due to — 97	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 — 0

23. Signature Dr. Wm. J. Langan (M. D. ~~or other~~)
Address 5803 Plymouth Date signed Oct 31/47

Jefferson City Printing Co. (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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.