

FILED SEP 7 1948

State File No. _____

Registration District No. 517

Primary Registration District No. 3066

Registrar's No. 1982

1. PLACE OF DEATH:

(a) County Kirkwood St. Louis

(b) City or town Kirkwood

(c) Name of hospital or institution:
1110 Timberlane Drive
(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 _____

(c) City or town Kirkwood Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1110 Timberlane Drive
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME CHARLES E. PICKERT

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1948 hour 10:00 minute _____ P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Oradelle Pickert

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov. 15 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1933 19. to 8/21 19. 48

that I last saw him alive on 8/21/48 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis 1948

Due to Arteriosclerosis 1948

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

10. Usual occupation Retired Salesman

Due to Amputation 93 D

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

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 7

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant C. Lloyd Stanwood

(b) Address 1110 Timberlane Drive

17. (a) Burial (b) Date thereof 8-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und.

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 8-23-48 (b) Cecil A. Z. Shepp, M.D.
(Date received local registrar) (Registrar's signature) (City, State)

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) (Means of injury)

23. Signature [Signature] (M. D. or other) _____

Address 5203 Chesapeake Date signed 8/23/48

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

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

Richard W. Stovessand

Licensed Embalmer No. 4007

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.