FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31347

Registrar's No. 7912

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo.
(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether years, months or days)

In this community 28 Yrs

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. 1409 So. 7th (rear) Memorial
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LILLIE PICKLE

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

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Samuel

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

7. Birth date of deceased May (Month) 16 (Day) 1883 (Year)

8. AGE: Years 65 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Laverne R. Cook

(b) Address 1425 So. 7th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 9 - 48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) SEP 9 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8/10/48, 19..., to Sept. 7th, 19 48 that I last saw her alive on Sept. 7th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis Chr

Due to

Due to

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

Major findings:
Of operations

Of autopsy

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 [illegible] M.D. (M.D. or other)

Address 1515 Lafayette Date signed 9/7/48

SEP 9 1948

(Licensed Embalmer's Statement on Reverse Side)

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 C W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette St

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.