FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 38536

Registrar's No. 10060

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

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

In this community 40 years

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. 5839 Pershing Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME F. SENIOR PICKLES

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annette L. Pickles

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September (Month) 25 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
65	1	24	hr. min.

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

10. Usual occupation Jeweler

11. Industry or business Self

FATHER
12. Name Simon B. Pickles

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

MOTHER
14. Maiden name Emily Rhodes

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

16. (a) Informant Mrs. Annette L. Pickles

(b) Address 5839 Pershing Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2117 E. Grand Blvd

19. (a) NOV 20 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 12/31/31 to 11/19/48, 19..., that I last saw him alive on 11/18/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: unknown	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 1) Arteriosclerosis (generalized) 2) Old colitis	

Major findings:
Of operation: chronic, but nothing recent. Gall bladder operated for diverticulosis

Of autopsy

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

22. If death was due to external causes, fill in the following: Contributory

(a) Accident, suicide, or homicide (specify) Contributory

(b) Date of occurrence Weeks ago.

(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 W. D. Pack (M. D. or other) TBD

Address 3604 Washington Date signed 11/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1949

JAN 7 1949

MAR 11 1949

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 Frank A. [illegible]

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.