

FILED DEC 31 1948
Registration District No. 377

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 66 9719
(If rural, give location)

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

3: (a) PRINT FULL NAME Jean Picraux

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 24 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 5 If less than one day _____ hr. _____ min.

9. Birthplace ST Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Doris Howard Picraux

13. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Kostedt

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

16. (a) Informant Howard Picraux

(b) Address Highway (66) 9719

17. (a) Burial (b) Date thereof 11/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood Mo.

19. (a) 11-30-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov day 29
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 23 Nov 48 to 29 Nov 48
that I last saw him alive on 29 Nov 1948
and that death occurred on the date and hour stated above.

Immediate cause of death congenital debility

Due to Aschoffia imperfecta

Other conditions 15% m
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy findings pending report

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? _____

While at work _____ (Specify type of place)

(c) Means of injury 0

23. Signature Richard W. Lay (M. D. or other) MD
Address 5930 South 1st Ave Date signed 30 Nov 48

Embalming

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.

no

Signed.....

Licensed Embalmer No.....

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.