

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1949

State File No. **6222**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn	
c. LENGTH OF STAY (in this place) 3		d. STREET ADDRESS (If rural, give location) WA 4120 Oakwood Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to De Paul Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Virgil	b. (Middle) H.	c. (Last) Pikey	4. DATE OF DEATH (Month) (Day) (Year) July 14th, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 29th, 1912	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR (Days) 2	IF UNDER 1 HRS. (Hours) 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric Lineman	10b. KIND OF BUSINESS OR INDUSTRY Union Electric Co.	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Girard Pikey	13b. MOTHER'S MAIDEN NAME Josie Adams	14. NAME OF HUSBAND OR WIFE Mildred Pikey nee Lostutter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mildred Pikey, 4120 Oakwood Ave., Pine Lawn, Mo.	ADDRESS Pine Lawn, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Electrocution suffered when deceased came in contact with live wire while working on pole at Bailey & Keenlian Ave., St. Louis County about 2:00 pm July 14 1949		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis County Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 14 49 2:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 96 8193
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Calvin F. Feutz	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7/18/49
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/18/49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
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DATE REC'D BY LOCAL REG. JUL 18 1949	REGISTRAR'S SIGNATURE J. B. Fasalar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John A. Minner*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.