

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39163

State File No. _____

FILED DEC 6 1949

10222

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
c. LENGTH OF STAY (in this place) <u>3 years</u>				d. STREET ADDRESS (If rural, give location) <u>4361A Cook Avenue</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				9			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle) _____			c. (Last) <u>Pickett</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1949</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>March 17, 1874</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u>8</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wheelwright</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bobborn Border</u>			11. BIRTHPLACE (State or foreign country) <u>Baden, Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Not Known</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>Sallie Pickett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Annette Watkins</u> ADDRESS <u>4361A Cook Ave.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis and Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
ANTECEDENT CAUSES <u>Undetermined</u>		DUE TO (b) _____					
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS <u>None</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>191</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>392X</u>			
22. I hereby certify that I attended the deceased from <u>11-22</u> , 19 <u>49</u> , to <u>11-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-25</u> , 19 <u>49</u> , and that death occurred at <u>3:10 p.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Charles J. Hedrick M. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>11-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>NOV 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GATES FUNERAL HOME 4107 Finney Charles J. Gates</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

300
48

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 L. Cunningham

Licensed Embalmer No. *4446*

P. O. Address *4107 Turner*

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.