

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35220  
8910  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Box 56	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital			

3. NAME OF DECEASED (Type or Print) GEORGE H. PICKLES			4. DATE OF DEATH Oct. 17, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 14, 1883		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate	10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (State or foreign country) Morrellton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Julian Pickles		13b. MOTHER'S MAIDEN NAME Lora C. Hoch		14. NAME OF HUSBAND OR WIFE Della P. Pickles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Della P. Pickles, Sappington, Mo.	

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) Cerebral hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, essential  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 days  years.
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	

22. I hereby certify that I attended the deceased from Jan., 1947, to October 17, 1950, that I last saw the deceased alive on October 17, 1950, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE Robert W. Tichauer M.D. (Degree or title)		23b. ADDRESS P.O. Box 6 Sappington		23c. DATE SIGNED 10-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/21/50		24c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery	
24d. LOCATION (City, town, or county) Sappington, Mo.		24e. LOCATION (State)			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 21 1950 J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

DEC 28 1950

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Felix Murand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 227

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.