

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25122

State File No. 5971

FILED JUL 26 1951

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 <u>Missouri</u> COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2039</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>3818 Wabash</u>	

3. NAME OF DECEASED  
(Type or Print) a. (First) BERTHA b. (Middle) \_\_\_\_\_ c. (Last) PICKER

4. DATE OF DEATH (Month) (Day) (Year)  
JULY 4 1951

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 8. DATE OF BIRTH DEC 27 1867 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (State or foreign country) Germany 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Albrecht 13b. MOTHER'S MAIDEN NAME Ernestine 13c. NAME OF HUSBAND OR WIFE Bernhard Picker (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give year or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Williams 3818 Wabash

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) HEART & RENAL FAILURE

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) CARCINOMA OF RECTUM  
DUE TO (c) ABDOMINO-PERINEAL RESECTION

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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 157X

22. I hereby certify that I attended the deceased from 6-22-51, 1951, to 7-4-51, 1951, that I last saw the deceased alive on 7-4-51, 1951, and that death occurred at 3:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE W. B. Kieffer (Degree or title) \_\_\_\_\_ 23b. ADDRESS 1515 Lafayette Avenue 23c. DATE SIGNED 7-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-6-1951 24c. NAME OF CEMETERY OR CREMATORY Near St. Marcus 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo

DATE REC'D BY LOCAL REG. JUL 5 1951 REGISTRAR'S SIGNATURE J. B. Rooster 25. FUNERAL DIRECTOR'S SIGNATURE Nancy K. Heidemann ADDRESS 6203 Travis

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*E. E. E. E.*

Licensed Embalmer

P. O. Address \_\_\_\_\_

PLAINLY - U.S.

21d. TIME OF INJURY
22. I hereby certify that the above is a <i>live</i> c.
23a. SIGN <i>[Signature]</i>

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.