

No. 300  
10.48

FILED OCT 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32120

BIRTH NO. --- (REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 3257)

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>		c. CITY (If outside corporate limits, write RURAL and give township) 58 OR TOWN <b>Webster Groves</b> <b>4587</b>	
c. LENGTH OF STAY (in this place) <b>45 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>72 Marshall Place</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>72 Marshall Place</b>			

3. NAME OF DECEASED (Type or Print): a. (First) <b>Mary</b> b. (Middle) <b>Kate</b> c. (Last) <b>Pickens</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 25, 1951</b>		
---	--	--	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 6, 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
-------------------------	----------------------------------	--	---	--	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Willsboro Kent England 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
---	--	---	--	--	--	---	--

13a. FATHER'S NAME <b>Caleb Russell</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Honess</b>		14. NAME OF HUSBAND OR WIFE <b>William Pickens</b>			
--	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-05-8826D</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Katherine Frein 865 Warwick Lane, Glendale</b>			
---	--	--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) - DUE TO (c) - <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Summed</b>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
---------------------------------------	--	---	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>-</b>	
---	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>-</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>-</b>	
---	--	--	--	--	--

22. I hereby certify that I attended the deceased from ~~many years~~, 19\_\_\_, to **9/25/51**, 19\_\_\_; that I last saw the deceased alive on **9/25/51**, 19\_\_\_, and that death occurred at **8:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank P. Gaunt, M.D.</b>		23b. ADDRESS <b>13<sup>th</sup> N. Gore, Webster Groves Mo</b>		23c. DATE SIGNED <b>9/25/51</b>	
---	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 28, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
--	--	------------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>9-27-51</b>		REGISTRAR'S SIGNATURE <b>Hubert A. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MITTELBERG FUNERAL HOME 73 W. LOCKWOOD WEBSTER GROVES</b>			
--	--	---	--	--	--	--	--

(Licensed Embalmer's Signature on Reverse Side)

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

007

Mo.

**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...

*Albert G. Hopper*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2971

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.