

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29899

State File No. ....

FILED AUG 23 1952

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7440</b>				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b>				b. COUNTY <b>2097</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS,</b>		0				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4518 a CLARENCE AVE</b>				d. STREET ADDRESS (If rural, give location) <b>9 4518 a CLARENCE AVE</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>			b. (Middle) <b>V.</b>			c. (Last) <b>PIKE SR.</b>			4. DATE OF DEATH <b>AUG, 2, 1952</b> (Month) (Day) (Year)	
5. SEX <b>MALE</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>6/19/1875</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE SALESMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>BOYD CLOTHING CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>VANDALIA ILLINOIS</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13a. FATHER'S NAME <b>WM. A. PIKE</b>			13b. MOTHER'S MAIDEN NAME <b>LORETTA PELKE</b>			14. NAME OF HUSBAND OR WIFE <b>MARY PIKE</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>#489-09-5806</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MARY PIKE</b> ADDRESS <b>4518 a CLARENCE AVE.</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 DUE TO (b) <b>Unknown.</b>  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 <b>2 yrs.</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>4201</b>					
22. I hereby certify that I attended the deceased from <b>9/15/1950</b> , to <b>8/2/52</b> , 19___, that I last saw the deceased alive on <b>7/31/52</b> , 19___, and that death occurred at <b>11.30</b> <b>am</b> from the causes and on the date stated above.										
23a. SIGNATURE <i>E. Strook</i> (Deponent title) <b>M.D.</b>				23b. ADDRESS <b>3635 No. Newstead Ave.</b>				23c. DATE SIGNED <b>8/2/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8/5/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>			24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>AUG 4 1952</b>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</b>					

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

*Dr. J. H. ...*  
*Received ...*  
*Pr. ...*

**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

*Paul J. ...*

Licensed Embalmer No. *4788*

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

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.