

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13944**
Registrar's No. **3774**

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			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 2502a Marcus Avenue, 13.		e. STREET ADDRESS (If rural, give location) 2502a Marcus Avenue, 13, 21190			
3. NAME OF DECEASED (Type or Print) KELLY S. PICKENS			4. DATE OF DEATH (Month) (Day) (Year) April 24th, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 10th, 1911	9. AGE (In years last birthday) 43	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent		10b. KIND OF BUSINESS OR INDUSTRY Life Insurance		11. BIRTHPLACE (City and State or Foreign Country) Paragould, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Oliver Pickens		13b. MOTHER'S MAIDEN NAME Wassie Robbins	
14. NAME OF HUSBAND OR WIFE Mary E. Pickens, nee Shelton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mary E. Pickens, 2502a Marcus Ave., 13.		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.		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201		21c. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1240 A.M. , from the causes and on the date stated above.	
22a. SIGNATURE Patrick L. Taylor (Degree or title) Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4-27-54	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/27/54		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		24a. DATE REC'D BY LOCAL REG. APR 27 1954		24b. REGISTRAR'S SIGNATURE J. Carl Smith MD	
24c. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		24d. ADDRESS 4828 Natural Bridge Blvd.		24e. FUNERAL HOME, INC. St. Louis, 15. Mo.	

(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.....
Signature of Student Embalmer

Signed..... *Ralph C. Zanders*

Licensed Embalmer No. *427*

P. O. Address *S. J. Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.