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

FILED JUN 12 1956

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 18456

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4960

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN: 4800 ..Affton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 8519 Lola Drive

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): L.
c. (Last): Pickles

**4. DATE OF DEATH** (Month) (Day) (Year): May 22, 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Apr. 9, 1887
**9. AGE** (In years last birthday): 69 — 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, even if retired): (retired) employee
**10b. KIND OF BUSINESS OR INDUSTRY**: Knapp-Monark Co.
**11. BIRTHPLACE** (City and State or Foreign Country): St.Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Louis K. Pickles
**13b. MOTHER'S MAIDEN NAME**: Cecelia Scholl
**14. NAME OF HUSBAND OR WIFE**: Julia A. Smith Pickles

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Julia A. Pickles-8519 Lola Drive

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): carcinoma of Rectum — 3 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: 7/14/53
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma of Rectum 154
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 7/3/53, 19__, *to* 5/22/56, 19__, *that I last saw the deceased alive on* 5/22/56, 19__, *and that death occurred at* 12:15P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] M.D.
**23b. ADDRESS**: 7430 Virginia Ave
**23c. DATE SIGNED**: 5/22/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: May 25, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: Lakewood Park Cemetery
**24d. LOCATION** (City, town, or county) (State): St.Louis County, Mo.

**DATE REC'D BY LOCAL REG.**: MAY 23 1956
**REGISTRAR'S SIGNATURE**: J. Carl Smith M.D. [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Hacker-Helderle 3634 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert C Wheeler

Licensed Embalmer No. 21

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.