

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH29888  
STATE FILE NUMBERRegistration District No. **318** Primary Registration District No. **1003** Registrars No. **7280**

1. PLACE OF DEATH a. COUNTY - <u>City</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis 12, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>University City 5, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>			Length of stay in 1b <u>36 wks.</u>		d. STREET (If outside, give location) ADDRESS <u>6820 Delmar, Caslereigh</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>MR. WILLIAM</u>			First <u>ARTHUR</u>		Middle <u>PICKEREE</u>		Last
4. DATE OF DEATH <u>August 3, 1957</u>			Month <u>August</u>		Day <u>3</u>		Year <u>1957</u>
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>August 27, 1879</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>		IF UNDER 24 HRS. Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Manager (retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Klines, Inc.</u>		11. BIRTHPLACE (City and state or country) <u>Ringgold, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Benjamin Franklin Pickerel</u>				14. MOTHER'S MAIDEN NAME/wifes name: <u>Susan Lemmon/ Nellie Wilkin Pickerel</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>494-05-9747</u>		17. INFORMANT <u>John F. Pickerel 7446 Washington (5)</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Coronary arteriosclerosis</u>					<u>years</u>
		DUE TO (c) <u>Generalized Arteriosclerosis</u>					<u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Nodule Prostate gland, benign.</u>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year a. m. <u>  </u> p. m. <u>  </u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY
							STATE
21. I attended the deceased from <u>April 1954</u> to <u>Aug 3 1957</u> and last saw <sup>her</sup> him alive on <u>8/31/57</u> Death occurred at <u>5:50 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Sam F. Hean M.D.</u>				22b. ADDRESS <u>35 N. Central - St. Louis Mo</u>		22c. DATE SIGNED <u>8/5/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Rail</u>		23b. DATE <u>August 6, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
24. FUNERAL DIRECTOR <u>Alexander &amp; Sons, Inc. 6175 Delmar Blvd.</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>AUG 5 '57</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Sim Beam  
35 N. Central  
PA 6 0683

# 52 Millersex Dr.  
Wg 30568

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *V E Morris*.....

Licensed Embalmer No. *3*.....

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

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