

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

FILED DEC 10 1957

STANDARD CERTIFICATE OF DEATH

42460

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **11291**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3511 Ohio Ave.		d. STREET ADDRESS (If outside, give location) 24 3511 Ohio Ave.	
3. NAME OF DECEASED (Type or print) First HADLEY. Middle E. Last PICKETT		4. DATE OF DEATH 11/23/57 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/11/09
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Oil Burner Mfgr.	11. BIRTHPLACE (City and state or country) Missouri
13. FATHER'S NAME John Avery Pickett		14. MOTHER'S MAIDEN NAME Flora Hahn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-03-6698	17. INFORMANT Wife Address Elsie J. Pickett 3511 Ohio Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a) due to (b) Bronchogenic Carcinoma Underlying cause (c) 162x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Acute Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH one month Second year
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 Month, Day, Year a. m. p. m.			
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 11-22-57 to 11-23-57 and last saw me him alive on 11-23-57 Death occurred at 8:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John D. Davidson M.D.		22b. ADDRESS 600 Union Blvd.	
		22c. DATE SIGNED 11/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/26/57	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS E.J.Schnur 3125 Lafayette Ave.		25. DATE RECD. BY LOCAL REG. NOV 25 '57	26. REGISTRAR'S SIGNATURE J. E. Smith MO

after 11 AM - date any
BOSTON
Mason
Bonds
Hoops

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *3125 Lafayette*

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.