

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

36141  
Do not use this space.

**NOV 15 1937**

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**1. PLACE OF DEATH**

(a) County ..... Registration District No. 1  
 (b) Township ..... Primary Registration District No. 1  
 (c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL Registered No. 9718 St. St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

**2. PRINT FULL NAME Love Pickens**

(a) Residence, No. .... St. **NR** Jan. St. Mo. Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ollie Ermine West**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 24th, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**56 4 21**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **F**  
 10. Date deceased last worked at this occupation (month and year) **Sept. 1937**  
 11. Total time (years) spent in this occupation **20 Yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

13. NAME **William Pickens**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

15. MAIDEN NAME **Susan Hawthorn**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

17. INFORMANT **Arthur Pickens**  
 (ADDRESS) **Doniphan, Missouri**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Pitman, Arkansas** DATE **October 19, 1937**

19. FUNERAL DIRECTOR **Albert H. Hyman Inc**  
 (ADDRESS) **429 N. Emerald Avenue**

20. FILED **OCT 19 1937**  
**J. Bredeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCTOBER 15, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **10-10**, 19**37**, to **10-15**, 19**37**.

I last saw him alive on **10-15**, 19**37**. Death is said to have occurred on the date stated above, at **7 P.M.**

The principal cause of death and related causes of importance were as follows:

**Pulmonary Tuberculosis  
Tuberculosis of spine  
Tuberculosis of kidneys**

Date of onset
?
?
?

Other contributory causes of importance: **23**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify .....  
 (Signed) **Ruellists**, M. D.  
 (Address) **BARNES HOSPITAL**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ of by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Benj. C. Duncan*

Licensed Embalmer No. 2272

**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.)**