

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

Do not use this space.

FEB 12 1938

1092

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No) Homer G. Phillips Hospital

File No.....

Registered No.....

948

St. Ward)

2. FULL NAME

Pickett 230

(a) Residence, No. 3959 Finney Avenue St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-4-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

13. NAME James Pickett

14. BIRTHPLACE (CITY OR TOWN) Miss. (STATE OR COUNTRY)

15. MAIDEN NAME Jettie Webb

16. BIRTHPLACE (CITY OR TOWN) Miss. (STATE OR COUNTRY)

17. INFORMANT Mother M. Herald (ADDRESS) 2601 N Whittier Street

18. BURIAL, CREMATION, OR REMOVAL PLACE: CITY CEMETERY DATE: JAN 27 1938

19. UNDERTAKER Mrs. Hamilton (ADDRESS) City Health Dept

20. FILED JAN 26 1938 J. P. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-4-38 to 1-4-38

I last saw her alive on 1-4-38 Death is said

to have occurred on the date stated above, 11:05^a m.

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

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?.....

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) J. A. Hams, M. D.

(Address) 2601 N Whittier Street

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.

