CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[redacted] OCT 12

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

791

30568
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8005
(c) City St. Louis (d) Street No. Homer Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ernest Pickett 230
(a) Residence, No. 4348 Garfield St. 11
(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: M
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: -------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 28, 1919
7. AGE: YEARS 19 MONTHS 7 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): Mississippi

FATHER
13. NAME: Robert Pickett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER
15. MAIDEN NAME: Betty Tramial
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Evelyn Hilliard 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Sept 10, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) G W Bruce 4310 03 N Garrison
20. FILED SEP 10 1938 J F Budock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 6, 1938
22. I HEREBY CERTIFY, That I attended deceased from September 1, 1938, to September 6, 1938
I last saw him alive on September 6, 1938. Death is said to have occurred on the date stated above, at 2:25 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9/1/38

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) J. B. Martin, M. D.
(Address) 2601 N Whittier

(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 embalmed by me, William C. McDowell, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 3506 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.