

STANDARD CERTIFICATE OF DEATH

State File No. **34710**
Registrar's No. **9248**

Registration District No. **1003** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Anthony Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days**
(Specify whether _____)
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** / (b) County _____
(c) City or town **St. Louis** **16**
(If outside city or town limits, write "RURAL")
(d) Street No. **3738 Bamberger**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **William Pikes** **229**
(b) If veteran, name war. ----- (c) Social Security No. **488-10-7869**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **27**
year **1939** hour **4** minute _____ p.M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Blanche**
6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **September 14, 1895**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death **Septicemia**
Duration _____

8. AGE:	Years	Months	Days	If less than one day
	44	1	13	hr. _____ min.

Due to **Septicemia following laceration of the hand with an ax in the hands of one Henry Pikes**

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business **Adam Electrical Co.**

MOTHER FATHER
12. Name **Anthony Pikes**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Other conditions _____
(Specify pregnancy within 3 months of death)
Major findings: **Blade flew off the handle of a hand saw**
Of operations **about 2:00 P.M. Oct 22-1939 at Valley Park Mo**
Of autopsy **accident**
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Floyd Yeager**
(b) Address **5501 Murdock**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **10/27/39**

17. (a) **Burial** (b) Date thereof **10/30/39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **N. St. Marcus**

(c) Where did injury occur? **Valley Park Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?
While at work? **Yes** (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director **Mackey-Selders**
(b) Address **2331 S. Broadway**
19. (a) **OCT 29 1939** (b) **J. F. Bredel**
(Date received local registrar) (Registrar's signature)

23. Signature **J. F. Bredel** (M. D. or other) **1939**
Address _____ Date signed _____

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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

Signed Robert Wheeler
Licensed Embalmer No. 2128
P. O. Address St. Louis, Mo.

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