No. 2
FILED MAY 15 1940
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13619

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3821

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

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: 2606 Caroline St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 2 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2606 Caroline St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 65 years.

3. (a) PRINT FULL NAME Herman Otto Pickert

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Emma Pickert

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 15, (Day) 1864 (Year)

8. AGE: Years 75 Months 11 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Retired Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Louise Paul
(b) Address 2606 Caroline

17. (a) N. Pickers (Burial, cremation, or removal) (b) Date thereof 4-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation N. Pickers Cem.

18. (a) Signature of funeral director Witt Bros. L & N Co.
(b) Address 2929 S. Jefferson Av.

19. (a) APR 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1940 hour 8 minute .00 A. M.

21. I hereby certify that I attended the deceased from April 14, 1940, to April 27, 1940 that I last saw him alive on April 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic

Due to

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93C
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Otto C. Hansen (M. D. or other)
Address 3157 Park Ave. Date signed 4/29/40

(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, or by Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 29-29 S. Jeffer

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

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