S. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20305

Registration District No. 79 Filed JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 5253

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: Stone Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Williamson
(c) City or town Johnston City N.R.
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME James Henderson Pike 207
3. (b) If veteran, name war (361-09-5488-7) (c) Social Security No. ~~None~~
Unknown s

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Linnie
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Nov. (Month) 20 (Day) 1863 (Year)

8. AGE: Years 76 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Mine Watchman
11. Industry or business

MOTHER FATHER
12. Name Thomas Pike
13. Birthplace Williamson Co. (City, town, or county) Illinois (State or foreign country)
14. Maiden name Celia Stover
15. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mary E. Pike
(b) Address 4954 West Pine
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation Johnston City, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) (Date received by local registrar) JUN 17 1940 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1940 hour 9 minute a.m.
21. I hereby certify that I attended the deceased from March 15th, 1940, to June 16th, 1940; that I last saw him alive on June 15th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of pleura and lungs — Duration 3 mos.
Due to Cancer of prostate — 1 year?
Due to
Other conditions Widespread Cancer through body
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Carcinoma of Prostate, bladder liver, lungs, pleura, pericardium.

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 Leon Bromberg M.D. (M.D. or other)
Address 3720 Washington Date signed 6-16-40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington Blv

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

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