

11-10-39
5-17-39
I X21492

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Madison, Mo.
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid
(c) City or town Osible, Mo
(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

Hellen Metzger Pikel

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife General Pikel

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

7. Birth date of deceased 5-26-1915
(Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Working at shoe factory

11. Industry or business

MOTHER FATHER
12. Name Helen Metzger Pikel
13. Birthplace Madison, Mo.
14. Maiden name Katia Palkovik
15. Birthplace Peru, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman Metzger

(b) Address Osible, Mo

17. (a) Burial (b) Date thereof July 6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.H. Pikel

18. (a) Signature of funeral director F. A. ...

(b) Address Cornersville, Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1940 hour 11:45 minute _____ P.M.

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 _____
Suicide in a car at
Madison with a 38
Due to Smith & Weston Special
wound in the middle
Due to of the chest.

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

Major findings: Of operations No
Of autopsy No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 4 - 1940
(c) Where did injury occur? Madison, New Madrid, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
541 Public Place
While at work? No (Specify type of place) (e) Means of injury Shot with 38

23. Signature F. A. Richards, Jr.
Address New Madrid, Mo Date signed 7-4-40

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

STATE OF ILLINOIS DEPARTMENT OF HEALTH BUREAU OF HEALTH RECORDS

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

o. 2B
21-40
X22659

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22347

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 55

Primary Registration District No. 4033

Registrar's No.

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Paducah
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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: Helen Metzger Pice

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month 7 day 4 year 1940 hour _____ minute _____ M.

4. Sex 7

5. Color or race w

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 23 Months 1 Days 8 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Feb 1 - 1940 (b) Elizabeth Murrell (Registrar's signature)

Major findings: _____

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. A. Richards, Jr. (M.D. or other) _____

Address New Madrid Date signed 2/5

SUPPLEMENTAL

