

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County Alton see
(b) City or town Alton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Four days years, months or days

8. (a) PRINT FULL NAME Edmond James Picard

8. (b) If veteran, name war None 8. (c) Social Security No. 76

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Remy Picard 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 29, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Newspaper Business

11. Industry or business _____

12. Name E. Smith Picard
13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayme Wagnmeyer
(b) Address 3705 Sylvan Place, Pinckney

17. (a) Burial (b) Date thereof May 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. A. B. Nell
(b) Address 4457 Washington Pl.

19. (a) MAY 5 1941 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Alton Illinois
(If outside city or town limits, write "RURAL")
(d) Street No. 808 W. Delmar Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1941 hour 5:20 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from May 2nd, 1941, to May 4th, 1941, that I last saw him alive on May 3rd, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to _____

Due to _____
Other conditions: Coronary of heart
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____

Of autopsy ✓

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 Robert Lewis (M.D. or other) _____
Address 990 area 1st St. Date signed 5/2/41

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

MOTHER FATHER

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

Dr. Ruth Wilson

2-5

Arcade Bldg

6th Floor

5³⁰ A.M. Sunday

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

John Ketter

Licensed Embalmer No.

2880

P. O. Address.....

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.