

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1943

Registration District No. _____

Primary Registration District No. _____

State File No. _____

Registrar's No. _____

36735

10561

1. PLACE OF DEATH:

- (a) County St. Louis, Missouri.
- (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 5 days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT

FULL NAME Henry Picken

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 Divorced6. (b) Name of husband or wife Dora 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Sept. 16, 1898
(Month) (Day) (Year)8. AGE: Years Months Days 45 2 15 If less than one day
hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Bellhop11. Industry or business Princess Hotel12. Name John Picken13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Dora15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Opal Eder(b) Address 1027 Lemay Ferry Road17. (a) Burial (b) Date thereof 12-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Kennett, Missouri18. (a) Signature of funeral director Fendler Untk. Co.(b) Address 7420 Michigan Ave.19. (a) DEC 2 1943 J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. Memorial 1529 Market Street
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
year 1943 hour 5:30 minute _____ A.M.21. I hereby certify that I attended the deceased from November
26th, 1943 to December 1, 1943.that I last saw him alive on December 1st, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Far advanced
pulm. T.B.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy none

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 John B. Pope (M. D. or other) _____Address 1515 Lafayette Ave. Date signed 12/1/43

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

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 *Oliver E. Toulson*

Licensed Embalmer No. *7448*

P. O. Address *Springfield, 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, fact should be so stated above.