

FILED JUN 21 1945

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

21358

State File No.

Registrar's No. 1581

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

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town St. Agnes Home-Kirkwood Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 10341 Manchester Road  
(If rural, give location)  
 (e) Citizen of foreign country? ! (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Bernard G. Pickel

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 Kathleen Pickel 6. (c) Age of husband or wife if alive 1873 years

7. Birth date of deceased Sept. 12 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 4  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Real Estate Broke

11. Industry or business.....

12. Name George Pickel

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

14. Maiden name Catherine Bell

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

16. (a) Informant Mrs. W.E. Phillips

(b) Address 323 E. Big Bend Rd. Webster

17. (a) Burial (b) Date thereof 6 18 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JUN 19 1945 (b) E. R. McCarrahan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
 year 1945 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7/27/43 1943 to June 16 1945  
 that I last saw him alive on June 16 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
decompensatis

Duration 4 years

Due to Pulmonary edema

Other conditions 9321  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

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 A. Victor Kern (M. D. or other)  
 Address 120 E. Lockwood Webster Date signed 6/20/45

Dr. W. J. Beebe  
120 E. Rochester  
10-12 - Monday

**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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.

REC'D 11/12