

S. No. 2
M-5-43
5-17-39
I X36671

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 State File No. 22093 Registrar's No. 5068

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

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:
354I Delor /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community..... Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Picha
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 30 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 3 hr. min.

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

10. Usual occupation Hate Homeper

11. Industry or business
12. Name Andrew Wachter
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Rippel
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Johns
(b) Address 354I Delor

17. (a) Burial (b) Date thereof 6/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave

19. (a) JUN 6 1946 J. F. Brebeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 354I Delor
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day June
year 1946 hour 11 minute 05 P.M.
21. I hereby certify that I attended the deceased from 4-10-46
to 6-3-46
that I last saw her alive on June 3
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of
pancreas
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) Hypertension

Major findings: Metastatic disease
Of operations None
Sum of 7 addresses
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 J. F. Brebeck (M. D. or other)
Address 3805 N. B. Drive Date signed 6-6-46

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. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14 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.