

No. 2  
12-45  
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X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 7 1947**  
**318**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42827**  
Registrar's No. **11059**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 23 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 200

(c) City or town St. Louis 216  
(If outside city or town limits, write "RURAL")

(d) Street No. 3412 Washington 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Eliza Pickens

**3. (b) If veteran,** name war --

**3. (c) Social Security** No. ---

**4. Sex** Female **5. Color or race** C

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Donas Pickens **6. (c) Age of husband or wife if alive** 63 years

**7. Birth date of deceased** June 21 1893  
(Month) (Day) (Year) ..

**8. AGE:**

Years	Months	Days	If less than one day
<u>53</u>	<u>6</u>	<u>0</u>	hr. _____ min. _____

**9. Birthplace** West Point Miss.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** Unavailable

**12. Name** Unavailable

**13. Birthplace** West Point Miss.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Lulu Dean

**15. Birthplace** West Point Miss.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Donas Pickens

**(b) Address** 3412 Washington

**17. (a) Burial** Washington Park **(b) Date thereof** 12-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Washington Park

**18. (a) Signature of funeral director:** Chas. J. Gates

**(b) Address** 107 Finney

**19. (a) DEC 24 1946** **(b) J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 21  
year 1946 hour 5 minute 30 A. M.

**21. I hereby certify that I attended the deceased from** Nov. 23, 19 46 to Dec. 21, 19 46

that I last saw h. er alive on \_\_\_\_\_, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Neoplasm - Unqualified Undet.

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No

**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** N. J. Erwin **(M. D. or other)** \_\_\_\_\_  
**Address** 2601 N. Hittler **Date signed** 12/23/46

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

MOTHER FATHER

**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.....

**Thomas J. Gates**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **4259**

P. O. Address **4107 Finney Ave.**

**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.**