

No. 2
12-45
17-39
X47070

FILED APR 8 1947 **318**

1003

Registration District No. _____ Primary Registration District No. _____

Registrar's No. **2156**

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community Life
years, months or days)

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. 4545 St. Ferdinand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Pickett

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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 20 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER
12. Name Earl Pickett
13. Birthplace Evensza Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Minnie E. Smith
15. Birthplace Pickens Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Pickett

(b) Address 4545a St. Ferdinand

17. (a) Burial (b) Date thereof 3-25-47
(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 4107 Finney Ave.

19. (a) MAR 25 1947 (b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1947 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from 3-6 1947, to 3-23 1947
that I last saw her er alive on Mar. 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pyoderma of Neck; Malnutrition Duration Undet.

Due to _____

Due to _____

Other conditions Fat Necrosis of Neck
(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)
Means of injury 0

23. Signature Theodore Brown (M. D. or other) _____

Address 2601 N Whittier Date signed 3/24/47

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

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.....

Thomas J. Gates

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.