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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24618

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6415

WRITE PLAINLY—USING 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: 3945a Utah St.
(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 Missouri (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3945a Utah St.
(If rural, give location)
(e) Citizen of foreign country? 16 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Collins Pickel
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Pickel
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 1st, 1888 (Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Boyne Falls (City, town, or county) Michigan (State or foreign country)
10. Usual occupation Insurance Agent
11. Industry or business Metropolitan Life Ins.Co

FATHER
12. Name Thomas Pickel
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Catherine Pickel
(b) Address 3945a Utah St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JUL 20 1948 (Date received local registrar) (b) J. F. Brenneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1948 hour 1 minute 00 P. M.
21. I hereby certify that I attended the deceased from June 1945 July 18, 1948 to , 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations Diabetes 3 yr
Myocarditis 1 yr
Of autopsy

PHYSICIAN
Underline the cause of 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 No
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature N. C. Owen (M. D. or other) M.D.
Address 3833 Folsom Date signed 7/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3833 Folsom (1-2)

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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 Albert R. Thompson Jr

Licensed Embalmer No. 42 37

P. O. Address St. Louis

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.