

STANDARD CERTIFICATE OF DEATH

State File No. **42695**

FILED JAN 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11205**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Herculaneum</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Church St.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Pirkey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1950</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr., 25, 1881</b>	9. AGE (in years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lead Worker (Retired)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Smelter</b>	11. BIRTHPLACE (State or foreign country) <b>Rush Tower Mo 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Pirkey</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Cannedy</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Sickman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rose Pirkey</b>	ADDRESS <b>Herculaneum, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ruptured Meckel's diverticulum</b>			<b>6 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured appendix</b>			<b>6 hrs</b>
DUE TO (c) <b>Generalized peritonitis</b>		<b>6 hrs</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic cardiac vascular disease</b>		<b>6 hrs</b>		

19a. DATE OF OPERATION <b>12/28/50</b>	19b. MAJOR FINDINGS OF OPERATION <b>As above</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12/27/50 11:30 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>550.1</b>
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22. I hereby certify that I attended the deceased from **1/1, 1945**, to **12/27, 1950**, that I last saw the deceased alive on **12/27, 1950**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Herculaneum Mo</b>	23c. DATE SIGNED <b>12/28/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>	24b. DATE <b>Dec. 30, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Festus, Mo.</b>
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DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 29 1950 J. B. Lanster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Festus, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 1950

(Licensed Embalmer's Statement on Reverse Side)

MAN - NWA  
1961

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed George W. Wilkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis 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.