

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14595  
Registrar's No. 8739

BIRTH NO. _____		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ No. _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2159</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4439a Beethoven Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>4439a Beethoven Ave.</u>	
3. NAME OF DECEASED a. (First) <u>ELIZABETH</u> (Type or Print) b. (Middle) _____ c. (Last) <u>PICKARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 16, 1879</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u>	11. BIRTHPLACE (State or foreign country) <u>Perth, Scotland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Thomas Pickard</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Robinson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Martha Hallier</u>		ADDRESS <u>4439a Beethoven Ave.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Cardio-vascular</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>heart disease with</u> DUE TO (c) <u>hyper tension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Hypertrophic cardiomyopathy</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>12-1-49</u> , to <u>4-18-51</u> , that I last saw the deceased alive on <u>4-18-51</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>45735 Kingshighway</u>	
23c. DATE SIGNED <u>4-19-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Apr. 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 20 1951</u> <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____	

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Edwin A. M. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *30241*

P. O. Address.....

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.