

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10430

State File No.

2181

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>2181</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INCARNATE WORD HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>15 3634⁹ MARCELINE TERRACE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>A</u> c. (Last) <u>PICKUP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1952</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 18 - 1878</u>	9. AGE (in years last birthday) <u>74</u>	10 UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	11 UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE CUTTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>VALLEY SHOE CO</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>JAMES W PICKUP</u>			13b. MOTHER'S MAIDEN NAME <u>CATHERINE PARKER</u>		14. NAME OF HUSBAND OR WIFE <u>FRIEDA PICKUP</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-01-8525A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frieda Pickup</u> ADDRESS <u>3634 Marcelline Tr.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion with Myocard Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
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? <u>H201</u>			
22. I hereby certify that I attended the deceased from <u>March 3, 1952</u> , to <u>March 5, 1952</u> ; that I last saw the deceased alive on <u>March 5, 1952</u> , and that death occurred at <u>7¹⁵ P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John B. Summers</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>2528² So. Jefferson</u>			23c. DATE SIGNED <u>3/7/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 8 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE MAUSOLEUM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>	
DATE REC'D BY LOCAL REG. <u>MAR 7 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. O. Robert L. & U. G.</u> ADDRESS <u>1905 So. Grand</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

John Fetter

Signed
Student Embalmer

Licensed Embalmer No. 3880

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.