

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14656

State File No.

3304

Registrar's No.

APR 25 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2239**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Firmine Desloge Hospital** d. STREET ADDRESS (If rural, give location) **1312a South 3rd St.**

3. NAME OF DECEASED (Type or Print) a. (First) **Elizabeth** b. (Middle) _____ c. (Last) **Pickett** 4. DATE OF DEATH (Month) (Day) (Year) **4-6-52**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **9-3-79** 9. AGE (In years last birthday) **72** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jeff Rulo** 13b. MOTHER'S MAIDEN NAME **MARY Emley** 14. NAME OF HUSBAND OR WIFE **Alexander, Pickett**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **ALEXANDER PICKETT** ADDRESS **1312 S. 3rd**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary Embolism** INTERVAL BETWEEN ONSET AND DEATH **2 1/2 hrs.**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **2 weeks known**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **R. Renal Calculi**
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 **4/5/52** 19b. MAJOR FINDINGS OF OPERATION **R. Renal Calculi** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **602X**

22. I hereby certify that I attended the deceased from **3/22, 1952**, to **4/6, 1952**; that I last saw the deceased alive on **4/6, 1952**, and that death occurred at **2:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Robert W. Spaulding** (Degree or title) _____ 23b. ADDRESS **St. Louis 1325 S. Grand Blvd.** 23c. DATE SIGNED **4/11/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **April 9, 1952** 24c. NAME OF CEMETERY OR CREMATORY **St. Paul's** 24d. LOCATION (City, town, or county) (State) **FENTON Mo.**

DATE RECEIVED BY LOCAL HEALTH DEPARTMENT **APR 8 1952** REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE **W. D. McLaughlin** ADDRESS **F. HOME 2501 LAFAYETTE**

(Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette 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.