

FILED MAY 6 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13945  
State File No.

BIRTH NO. 33473-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3903

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MISSOURI</u>		a. STATE <u>MISSOURI</u>	
c. LENGTH OF STAY (In this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>26 1210 Monroe</u>	

3. NAME OF DECEASED (Types or Print)	a. (First) <u>JETTY</u>	b. (Middle)	c. (Last) <u>PICKERING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20, 1954</u>
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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>APRIL 18, 1954</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 1 HR.
				Months	Days	Hours
				<u>2</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN PICKERING</u>	13b. MOTHER'S MAIDEN NAME <u>GRACE HAST</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORD</u>	ADDRESS
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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 <u>25 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u>		
	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. <u>Premature birth</u> <u>One of twins</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>762.5</u>
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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?
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22. I hereby certify that I attended the deceased from 4-18-54, 1954, to 4-20-54, 1954, that I last saw the deceased alive on 4-20-54, 1954, and that death occurred at 1:35P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Elizabeth K Gay MD</u>	23b. ADDRESS <u>1515 Lafayette Avenue</u>	23c. DATE SIGNED <u>4-21-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4-30-54</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>APR 30 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker Mortuary Service</u>	ADDRESS <u>4104 Manchester Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.