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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32096

State File No. .....

BIRTH NO. FILED SEP 16 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7857

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand, St.Louis,Mo.
c. LENGTH OF STAY (in this place): DOA

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY

c. CITY OR TOWN: ST. LOUIS,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): 5, 814 Clara

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3. NAME OF DECEASED (Type or Print)
a. (First): Maylin
b. (Middle): J.
c. (Last): PICKERING

4. DATE OF DEATH (Month) (Day) (Year): 8-23-54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-20-80
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advisor
10b. KIND OF BUSINESS OR INDUSTRY: Nat'l Folk Festival
11. BIRTHPLACE (City and State or Foreign Country): Philadelphia, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Maylin Pickering
13b. MOTHER'S MAIDEN NAME: Jessie Tomlinson
14. NAME OF HUSBAND OR WIFE: Nelle P. Pickering

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 497-18-8010
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hosp. Records, 915 N.Grand,St.Louis,Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: UNK.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC CORONARY THROMBOSIS
DUE TO (c): ARTERIOSCLEROTIC HEART DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: PULMONARY EMBOLUS, SMALL, LEFT

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
VA
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

4200

22. *I hereby certify that I attended the deceased from* D.O.A., 19__, *to* ____, 19__, ~~[illegible]~~, *and that death occurred at* 11:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry Westphaelinger M.D.
23b. ADDRESS: VAH,915 N.Grand, St.Louis,Mo.
23c. DATE SIGNED: 8-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 8-26-54
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEM.
24d. LOCATION (City, town, or county) (State): JEFF. BRKS., MO.

DATE REC'D BY LOCAL REG.: AUG 25 1954
REGISTRAR'S SIGNATURE: J. Earl Smith Md
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4

P. O. Address 6 5 2 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.