

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3137**  
Registrar's No. **135**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>531</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (In this place) <b>1 yr</b>		c. CITY OR TOWN <b>University City</b>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6704 Bartmer</b>				STREET ADDRESS (If rural, give location) <b>6704 Bartmer</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Audria</b>		b. (Middle) <b>L.</b>		c. (Last) <b>Pikey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 15, 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH (last birthday) <b>Oct. 25, 1916</b>	
9. AGE (In years) <b>39</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>waitress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Small Arms</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Noland, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>William Davis</b>			13b. MOTHER'S MAIDEN NAME <b>Mattie Rushing</b>			14. NAME OF HUSBAND OR WIFE <b>Peter Pikey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-18-3127</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lehman Davis, 6704 Bartmer Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of breast with metastases to liver</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>176 X</b>			
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 <b>March 19 54</b> , to <b>January 15, 19 56</b> , that I last saw the deceased alive on <b>Jan. 15, 19 56</b> , and that death occurred at <b>8:00P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (In ink) <b>Lawrence W. O'Neal M. D.</b>				23b. ADDRESS <b>600 S. Kingshighway, St. Louis</b>		23c. DATE SIGNED <b>1/16/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-16-56</b>		24c. NAME OF CEMETERY OR CREMATOR <b>Local</b>		24d. LOCATION (City, town, or county) (State) <b>Pocahontas, Ark.</b>	
DATE REC'D BY LOCAL REG. <b>1-16-56</b>		REGISTRAR'S SIGNATURE <b>Albert R. Dohbema</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		

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.....  
Signature of Student Embalmer

Signed.....

*John J. Haines*  
Licensed Embalmer No. 4108

P. O. Address *St. Louis, Mo.*

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.