

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

7138

State File No.

FILED FEB 18 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>Normandy</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>3715 St. Ann's Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Sullivan Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JOSEPH</u>	b. (Middle) <u>A.</u>	c. (Last) <u>PICKETT</u>	<u>Jan. 13. 1957</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 19, 1874</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Furnace Service Man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Service Man</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Vernon, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George D. Pickett</u>	13b. MOTHER'S MAIDEN NAME <u>Pasha Ann Harrison</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Pickett</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>492-10-4269</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jos. L. Pickett</u>	ADDRESS <u>10059 Green Valley</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart d.</u>		<u>unknown</u>
	ANTECEDENT CAUSES Morbidity 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>Bronchial asthma & Pulmonary emphysema</u>		<u>unknown</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>4200</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 Feb 6, 1956, to Jan 13, 1957, that I last saw the deceased alive on Jan 8, 1957, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Lillmann M.D.</u>	(Degree or title)	23b. ADDRESS <u>8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>1/14/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 16- 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>2000, N. Pennsylvania Ave.</u>
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DATE REC'D BY LOCAL REG. <u>1-15-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dornick M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stock Mortuary</u>	ADDRESS <u>2117 E. Grand Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

Dr. Louis Leticia
8231 Clayton Rd
P.O. 7-0202

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 *Gustavo W. P. [Signature]*.....

Licensed Embalmer No. *432*.....

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.**