. Health,
& Welfare
S. Public
gh Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38549
STATE FILE NUMBER

FILED OCT 21 1957 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2511

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 206 N. Clay — Length of stay in 1b: 1 hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Castlewood 4000 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 47 Sontag Rd. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Oliver Middle: H. Last: Pickens
4. DATE OF DEATH: Month 10 Day 10 Year 57
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug. 19, 1920
9. AGE (In years last birthday): 37
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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Sedlacek Floor Co.
11. BIRTHPLACE (City and state or country): Paragould Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Oliver Pickens
14. MOTHER'S MAIDEN NAME: Wassie Robbins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. # 2
16. SOCIAL SECURITY NO.: 488-28-6950
17. INFORMANT: Mary Pickens, Address: Ballwin Mo. Rt. 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 3 hrs.
DUE TO (c): 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/10/57 to 10/10/57 and last saw ~~her~~ him alive on 10/10/57
Death occurred at 1140 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles R. Burnside M.D. (Degree or title)
22b. ADDRESS: Kirkwood 22, Missouri 206 N. Clay Ave.
22c. DATE SIGNED: 10/10/57

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~: Burial
23b. DATE: 10-12-57
23c. NAME OF CEMETERY OR CREMATORY: Salem Meth. Cem.
23d. LOCATION (City, town, or county) (State): Ballwin Mo.

24. FUNERAL DIRECTOR: Schrader Funeral Home ADDRESS: Ballwin Mo.
25. DATE RECD. BY LOCAL REG.: 10-11-57
26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D. Jr.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 458

P. O. Address Baldwin,

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