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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023284
STATE FILE NUMBER

FILED JUL 3 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2514

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Baptist Hospital — Length of stay in Ib.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis
c. CITY OR TOWN: Hillsboro 4000 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): R. R. # 2 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Paul — Middle: R. — Last: Picou
4. DATE OF DEATH: Month: June — Day: 8 — Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER-MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 11, 1930
9. AGE (In years last birthday): 28 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Best Truck Lines.
11. BIRTHPLACE (City and state or country): Kaskaskia, Illinois.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Roy Picou
13b. MOTHER'S MAIDEN NAME: Millie Layton
14. NAME OF HUSBAND OR WIFE: Dorothy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-32-1459
17. INFORMANT: Mrs. Dorothy Picou, R. R. # 2, Hillboro, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary - thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Liver abscess — 2 weeks
DUE TO (c): Duodenal ulcer — 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 541.0
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 Jan 8 - 59, to 8 June 59 and last saw him alive on 8 June - 59
Death occurred at 12:25 PM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): E E King MD
22b. ADDRESS: 2114 E Grand
22c. DATE SIGNED: 9 June 59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-9-59
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State): St. Mary's, Mo.
24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe Inc. 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 9 59
26. REGISTRAR'S SIGNATURE: Mrs Hoard Smith, M.D.

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Jwm Denkler

Licensed Embalmer No. 365

P. O. Address St. Louis 8

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.