THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023672

STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1622

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN Webster Groves — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 142 Jefferson Rd — Length of stay in 1b: 25 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY OR TOWN Webster Groves — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 142 Jefferson Road — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Thomas Middle Joseph Last Pickens
4. DATE OF DEATH: Month 6 Day 15 Year 1959
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-16-1891
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 10 Days 29 — IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscape Artist
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and state or country): Birkenhead England
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: William Pickens
13b. MOTHER'S MAIDEN NAME: Mary Jane Cooke
14. NAME OF HUSBAND OR WIFE: Anne Tandrup Pickens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-26-2797
17. INFORMANT: Anna T. Pickens Address: 142 Jefferson Rd W. G. 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: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Also partially blind)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year — None
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 Many years to 6/15/59 and last saw him alive on 6/12/59
Death occurred at 11 A.M. 6/15/59 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank P. Gaunt (Degree or title) MD.
22b. ADDRESS 13 N. Gore Webster Groves Mo
22c. DATE SIGNED 6/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-18-1959
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hills Gardens
23d. LOCATION (City, town, or county) (State): St Louis Co Mo
24. FUNERAL DIRECTOR: Mittelberg ADDRESS: Webster Groves Mo
25. DATE RECD. BY LOCAL REG.: 6-16-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

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 .....

Licensed Embalmer No. 4108

P. O. Address ...

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.