MAR 9 1939 REC'D APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

96 7 2

1. PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No. 12308

Township — Primary Registration District No. 111 — Registered No. 438

City Richmond Heights (No. St. Marys Hospital St. Ward)

2. FULL NAME Jacqueline Nickason

(a) Residence, No. 2541 Bacon St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
0	03	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER

13. NAME Ray F. Bluer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER

15. MAIDEN NAME Eileen Nickason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Eileen Nickason 2541 Bacon

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Memorial Park DATE Mar 10, 1939

19. UNDERTAKER (ADDRESS) C. Kron L & N. Co 3707 N. Grand Bl

20. FILED MAR 9 1939 R. R. Meyer M.D. Dep. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1939, to 3/9, 1939

I last saw her alive on 3/9, 1939. Death is said to have occurred on the date stated above, at 2:05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 month in fant)	
159	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. K. Hamilton, M. D.

(Address) St. Marys Hospital St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.