Y - 1 1939

REC'D MAY 11 1939

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

16212
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis
(b) Township or City Carondelet
(c) Jefferson Barracks
Registration District No. 784
Primary Registration District No. 200
Registered No. 785
(d) Street No. Veterans Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harlan S. Nickens
(a) Residence, No. 1445 Clara Avenue, Saint Louis St. Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

252

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Mrs. Gladys Nickens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8, 1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Truck Driver
9. Industry or business in which work was done, as 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): Tamaroa, Illinois

FATHER
13. NAME: William Nickens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known, Illinois

MOTHER
15. MAIDEN NAME: Anna Dasher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - Illinois

17. INFORMANT (ADDRESS): Mrs. Nickens VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL: NATIONAL CEMETERY DATE MAY 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. B. Tanner 6107 Natural Bridge Road

20. FILED MAY - 1 1939 J. R. Mugrm M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 28, 19 39

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939, to April 28, 19 39
I last saw him alive on April 28, 1939. Death is said to have occurred on the date stated above, at 9:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right upper and middle lobes (Type 7).	4-18-39

Other contributory causes of importance: None

108

Name of operation: None Date of:
What test confirmed diagnosis? Phy. clinical manif. and lab. Was there an autopsy? NO

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. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF., Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.