

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF TRADE

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30068

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7407

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
(b) City or town ST. LOUIS MO.
(c) Name of hospital or institution 2326 A. WARREN STR.
(d) Length of stay: In hospital or institution TWO-DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA NICKRENT

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOSEPH NICKRENT 6. (c) Age of husband or wife if alive DECEASED

7. Birth date of deceased JUNE 7 1877 (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 5 If less than one day hr. min.

9. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

12. Name UNKNOWN

13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW (State or foreign country)

15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph N. Nickrent (b) Address 8471 Adams

17. (a) BURIAL (b) Date thereof SEPT 15-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RADOM 166 Brookland Lind Co

18. (a) Signature of funeral director (b) Address 1827 HOGAN STR

19. (a) SEP 13 1941 (b) J. Brudeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County COOK 999
(c) City or town CHICAGO N.R. 5
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 54. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12th year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 11th 1941, to Sept 12 1941 that I last saw her alive on Sept 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage 1 da

Due to Arterial Hypertension 7 270/100

Due to Cerebral Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. P. Puler (M. D. or other) Address 2576 No. 9. LOUISIANA Date signed 9/13/41

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 *Erin W. Wilkinson*

Licensed Embalmer No. *3575*

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 this body is not embalmed, fact should be so stated above.