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36671

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

FILED DEC 24 1946
318

1003

Registrar's No. 10501

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Elma Nickell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Lee Nickell, Dec'd 11/12/12

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>4</u>	<u>9</u>	hr. _____ min.

9. Birthplace Mt. Sterling, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Never employed

MOTHER FATHER

12. Name Will Keller

13. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Catherine Pendleton,
(City, town, or county) (State or foreign country)

15. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. L. Akers,

(b) Address 1169 Moorlands Drive, R. H. Burial

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 12/10/46
(Month) (Day) (Year)

(c) Place: burial or cremation Paris, Mo.

18. (a) Signature of funeral director Robert J. Ambruster, Inc

(b) Address Clayton Rd. at Concordia Lane

19. (a) OFC 9 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1169 Moorlands Drive
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 46 hour 8 minute 50 a.m.

21. I hereby certify that I attended the deceased from 12-1, 1946, to 12-8, 1946, that I last saw her alive on 12-8, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary A. Thrombosis
Coronary arteriosclerosis
generalized arteriosclerosis

Duration _____

Due to _____

Due to _____

Other conditions Compression Fracture of L2, Senile Osteoporosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations no operations.

Of autopsy Thrombosis of coronary A. Generalized arteriosclerosis, Fracture of L2

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? D (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Bredeck (M. D. ~~number~~)

Address Barnes Hospital Date signed 12-8-46

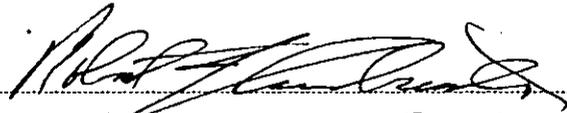
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 1994

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.