S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6755

Registrar's No. 1997

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3836a Blaine Avenue 9 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ABBIE NICKLES

3. (b) If veteran, name war: nil

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife George F

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 23, 1889 (Month) (Day) (Year)

8. AGE: Years 57 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Louisville, Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER

12. Name 9

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

14. Maiden name 0

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

16. (a) Informant George F. Nickles

(b) Address 3836a Blaine Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation New S S Peter & Paul Cem

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) FEB 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th year 1947 hour 9:30 minute a M.

21. I hereby certify that I attended the deceased from 7/26, 1947 to Feb 25, 1947 that I last saw her alive on Feb 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration

Due to

Due to Cerebral Hemorrhage

Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 83

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? (Specify type of place)

While at work in (e) Means of injury

23. Signature Otto C. Hanser M.D. (M. D. or other)

Address 3012 Lafayette Date signed 2/26/47

(Licensed Embalmer's Statement on Reverse Side)

Nasin

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 D W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette Ave

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.