

No. 2
-12-45
-5-17-39
I X47070

STANDARD CERTIFICATE OF DEATH

State File No. **29950**
Registrar's No. **1655**

FILED AUG 16 1947

Registration District No. **317**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Lemay**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mt. St. Rose Sanitarium **0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 Weeks**
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **WILLIAM F. NICCUM**
3. (b) If veteran, name war **----**
3. (c) Social Security No. **499-05-2539**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Martha**
6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **Sept. 6, 1886**
 (Month) (Day) (Year)

8. AGE: Years **62** Months **6** Days **10** If less than one day **28**
 hr. _____ min. _____

9. Birthplace **Pittsfield** **Illinois**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Nil**

11. Industry or business
MOTHER FATHER { **12. Name** **Alfred Niccum**
 { **13. Birthplace** **Penna.**
 (City, town, or county) (State or foreign country)
 { **14. Maiden name** **Ida Lyman**
 { **15. Birthplace** **Penna.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Earl La Mont**
 (b) Address _____
17. (a) Burial (b) Date thereof **Aug. 5, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **G. Hoffmeister U. & L. Co.**
 (b) Address **7814 S. Broadway**
19. (a) 8-7-47 (b) **Cecelia Shayer**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis** **96**
 (c) City or town **Rt. 6 Eime Drive Sappington** **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Rt 6 Eime Drive** **0**
 (If rural, give location) **0**
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **No.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **3**
 year **1947** hour **10** minute **—** A. M.
21. I hereby certify that I attended the deceased from **June 23**
 _____, 19 **47**, to **Aug 3**, 19 **47**
 that I last saw him alive on **Aug 31**, 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Massive Pulmonary Hemorrhage	5'
Due to Bronchogenic Carcinoma	2 yrs?
Due to _____	_____
Other conditions Arteriosclerotic Ht. Disease (Include pregnancy within 3 months of death)	5 yrs?
Bronchial Asthma	30 yrs
Major findings: Of operations _____	PHYSICIAN
Of autopsy Same as above	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)
 Means of injury _____
23. Signature **Thasas Chmets MD** (M. D. or other) **0**
 Address **9101 So. Broadway** Date signed **8-4-47**

APR 9 1948

AUG 29 1941

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 Harry J. Schomack

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.