

No. 3906
 4-10-47
 5-17-39
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FEDERAL SECURITY AGENCY
 National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 17888

FILED JUN 7 1948 318
 Registration District No.

Primary Registration District No. 1003

Registrar's No. 4767

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

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: De Paul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Margaret Nicter
 3. (b) If veteran, name war _____
 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 George F. Nicter
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 4 1864
 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 19
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Patrick McCabe
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Bridget Daly
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Rosella M. Nicter
 (b) Address 5200 Northland Ave.

17. (a) Burial (b) Date thereof 5/26/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
 (b) Address 4600 Natural Bridge Ave.

19. (a) MAY 24 1948 (b) J. F. Prudek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 1000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
 (d) Street No. 5200 Northland Ave. (If rural, give location) 9
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
 year 1948 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 21 to May 23, 1948
 that I last saw her alive on May 23, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
 Duration 3 days

Due to arteriosclerosis
 Due to arterio-sclerosis

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations 8/2
 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)
 Means of injury _____

23. Signature J. F. Prudek
 Address 607 N. Grand St. St. Louis, Mo.

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.....

[Handwritten Signature]

Licensed Embalmer No. *4366*

P. O. Address *Spring, Mo.*

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.