

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39119

State File No. 9673

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9673**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>MO</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>5833 Cote Brillante</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5833 Cote Brillante</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) c. (Last) <b>Nickerman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11/8/49</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>
8. DATE OF BIRTH <b>6/30/73</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo. (D)</b>
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>Richard Gallagher</b>		13b. MOTHER'S MAIDEN NAME <b>Bridget Barrett</b>		14. NAME OF HUSBAND OR WIFE <b>Frederick</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Walsh</b>	
		18. SOCIAL SECURITY NO. <b>Nil</b>		ADDRESS <b>5833 Cote Brillante</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 weeks</b>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial infarction</b>			<b>3 yrs.</b>
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>102</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HTH</b>		

22. I hereby certify that I attended the deceased from **May 4, 1949**, to **Nov 8, 1949**, that I last saw the deceased alive on **Nov 8, 1949**, and that death occurred at **8:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Theodore Greiner</b>		(Degree or title)		23b. ADDRESS <b>4500 Olive St.</b>		23c. DATE SIGNED <b>11/8/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-11-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemt</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>Nov 9 1949 J. B. Lancaster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harrigan &amp; Sheehan</b>		ADDRESS <b>4415 Washington Blvd.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Guy W. Wilkins

Licensed Embalmer No. 3575

P. O. Address St Louis 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.