

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35177

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8953</b>	
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		21427	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>				12. STREET ADDRESS (If rural, give location) <b>245 Union Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Alden</b> c. (Last) <b>Nickerson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 22 1950</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31 / 1878</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Treasurer Southwestern Bell</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Newton, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>H. R. Nickerson</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Mahan</b>		14. NAME OF HUSBAND OR WIFE <b>Edith F. Nickerson</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edith F. Nickerson - Gatesworth Hotel</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Duo-decual Ulcer (Perforated)</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Coronary artery thrombosis 4 hours</b> DUE TO (c) <b>Arteriosclerosis &amp; hypotension of many years standing</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7 previous coronary accidents</b>					
19a. DATE OF OPERATION <b>Oct 10<sup>th</sup> 1950</b>		19b. MAJOR FINDINGS OF OPERATION <b>Perforation of a duo-decual ulcer</b>				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) _____			
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>5740.1</b>			
22. I hereby certify that I attended the deceased from <b>Oct 9<sup>th</sup> 1950</b> , to <b>Oct 22<sup>nd</sup> 1950</b> , that I last saw the deceased alive on <b>Oct 22, 1950</b> , and that death occurred at <b>3:45 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph Davie</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>906 Olive St. St. Louis 1022-57</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/24/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rest Haven Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Olney Illinois</b>	
DATE REC'D BY LOCAL REG. <b>OCT 23 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons 7233 Delmar Blvd</b>			

(Licensed Embalmer's Statement on Reverse Side)

PARTIALLY UNFADING BLACK INK - MAKE A PERMANENT RECORD

8958

DEC 9 1950

APR 17 1951

FEB 19 1954

OCT 15 1950

NOV 21 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed Melvin J Kemper

Signed.....  
Student Embalmer

Licensed Embalmer No. 4052

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.