

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

18371

State File No. ....

4423

Registrar's No. ....

**FILED JUN 6 1952**

**318**

**1003**

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis  c. LENGTH OF STAY (in this place)  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4124 Walsh		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2159  d. STREET ADDRESS (If rural, give location) 4124 Walsh 15	
<b>3. NAME OF DECEASED</b> (Type or Print), a. (First) Clara b. (Middle) E c. (Last) Nicol		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) May 10, 1952	
<b>5. SEX</b> female	<b>6. COLOR OR RACE</b> white	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) married	<b>8. DATE OF BIRTH</b> Dec 28, 1889
<b>9. AGE</b> (In years) (If under 1 year: Months) (If under 24 hrs.: Days) (If under 24 hrs.: Hours) (Min.) 62		<b>11. BIRTHPLACE</b> (State or foreign country) Dixon Springs, Ill. /	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Housewife		<b>12. CITIZEN OF WHAT COUNTRY?</b> USA	
<b>13a. FATHER'S NAME</b> Lloyd Austin		<b>13b. MOTHER'S MAIDEN NAME</b> Percilla Chambers	
<b>14. NAME OF HUSBAND OR WIFE</b> Fred G Nicol.			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) No	<b>16. SOCIAL SECURITY NO.</b> none	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS Fred G Nicol 4124 Walsh	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c)  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. 4201	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:02 p. m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Distress or title) Fred G Nicol, County Clerk		<b>23b. ADDRESS</b> 1300 Clark	<b>23c. DATE SIGNED</b> 5/13/52
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> 5/13/52	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Valhalla Cemetery	<b>24d. LOCATION</b> (City, town, or county) (State) St Louis Co., Mo.
<b>DATE REC'D BY LOCAL REG.</b> MAY 13 1952	<b>REGISTRAR'S SIGNATURE</b> J. Carl Smith M.D.		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS L. Ziegenhein & Sons 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Neville B. Prohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Gravois*

**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.