

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22444

FILED JUL 15 1952

318

1003

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. **6165**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4932 Palm St.		d. STREET ADDRESS (If rural, give location) 6 4932 Palm St.	
3. NAME OF DECEASED a. (First) Charles (Type or Print)		b. (Middle) A	
c. (Last) Nickerson		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Jan. 19, 1883
9. AGE (In years last birthday) 69		10. CITIZEN OF WHAT COUNTRY? U	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Tavern	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Alfred Nickerson		13b. MOTHER'S MAIDEN NAME Hannora Patterson	
14. NAME OF HUSBAND OR WIFE Ann Ferguson Nickerson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 497-05-6772		17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia Scherer	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat prostration AN ANCEDENT CAUSES Mortal conditions, if any, giving rise to the above cause (a) stating the final words, if any, last. DUE TO (b) Severe bronchial asthma DUE TO (c) Myocarditis Chr. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222F	
22. I hereby certify that I attended the deceased from Jan, 1952 , to June 29, 1952 , that I last saw the deceased alive on June 27, 1952 and that death occurred at 3:18 m. , from the causes and on the date stated above.			
23a. SIGNATURE John J. Chaner M.D.		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 6-30-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-2-1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros.	
25. ADDRESS 3320 N. Kingshighway		DATE RECD BY LOCAL REG. JUN 30 1952	

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

(Licensed Embalmer's Statement on Reverse Side)

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

Fred Frick

Licensed Embalmer No. **3186**

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.