.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40558

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10414

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 8 WKS.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital

d. STREET ADDRESS (If rural, give location) 23 1713 So. 7th St.

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) William c. (Last) Nickelson

4. DATE OF DEATH (Month) (Day) (Year) Nov 11-1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Aug 4-1881
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Various
11. BIRTHPLACE (City and State or Foreign Country) Richwoods, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Nickelson
13b. MOTHER'S MAIDEN NAME UNKWOWN
14. NAME OF HUSBAND OR WIFE Alice Nickelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Nickelson 1713 S. 7th St Louis, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TETANUS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 061X

22. *I hereby certify that I attended the deceased from* 9-17-52, 19__, *to* 11-11-52, 19__, *that I last saw the deceased alive on* 11-11-52, 19__, *and that death occurred at* 11:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. B. Stracleau, Jr. MD
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 11-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 11-13-52
24c. NAME OF CEMETERY OR CREMATORY Masonic
24d. LOCATION (City, town, or county) (State) Blackwell, Mo.

DATE REC'D BY LOCAL REG. NOV 12 1952
REGISTRAR'S SIGNATURE J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Lee Mathershead ADDRESS De Soto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. contacted, no cause could be determined

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address Ste Sole 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.