

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

State File No. **12851**

BIRTH: NO. **FILED MAR 20 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **506** Registrar's No. **671**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sappington</b>		c. LENGTH OF STAY (in this place) <b>6 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Thos. Jefferson School</b>		d. STREET ADDRESS (If rural, give location) <b>Hilltop Drive</b>	
3. NAME OF DECEASED (Type or Print) <b>ANTON</b>		a. (First) <b>A.</b> b. (Middle) <b>NICKELS</b> c. (Last) <b>NICKELS</b>	
4. DATE OF DEATH <b>Feb. 26, 1953</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	8. DATE OF BIRTH <b>Dec. 16, 1897</b>	9. AGE (In years last birthday) <b>55</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caretaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Thos. Jefferson School</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sappington, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Nickels</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Nickels</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-NO. 499-01-3610</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Erwin A. Nickels, Murphy, Mo.</b>		ADDRESS <b>4201</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>arteriosclerosis</b>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>	
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)	
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?			
22. I hereby certify that I attended the deceased from <b>Oct. 15, 1951</b> , to <b>Jan 30, 1953</b> , that I last saw the deceased alive on <b>Jan 30, 1953</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Paul E. Rutledge M.D.</b>		23b. ADDRESS <b>Kirkwood Mo.</b>	
23c. DATE SIGNED <b>2-27-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/2/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Park Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sappington, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-27-53</b>		REGISTRAR'S SIGNATURE <b>Harriet R. Danke-Whorin</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Boop Inc. Burkard</b>		ADDRESS	

(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 Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 23rd

**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.