

FILED APR 27 1956

STANDARD CERTIFICATE OF DEATH

14759
State File No.

318

1003

3443
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St Louis				c. CITY OR TOWN Lemay		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. LENGTH OF STAY (in this place) 4 Days				e. STREET ADDRESS (If rural, give location) 3709 Lemay Ferry Rd						
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) Elmer		c. (Last) Nickles		4. DATE OF DEATH (Month) (Day) (Year) Apr. 3rd 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 30 1873		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 82 5 4		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant			10b. KIND OF BUSINESS OR INDUSTRY Service Sta.			11. BIRTHPLACE (City and State or Foreign Country) Charleston, Ill		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jacob Nickles			13b. MOTHER'S MAIDEN NAME Nancy Springer			14. NAME OF HUSBAND OR WIFE Maude Nickles (Deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. 493-38-1054		17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Busch					ADDRESS 3907 Lemay Ferry	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Cardiac asthma Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cordiac Asthma Hypertension disease-cardiac DUE TO (c) Cordiac - Hypertension disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH Mar 30, 1956 Several years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201 #37						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) 4-3-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4-3-56						
22. I hereby certify that I attended the deceased from Mar 31 1956 to April 3, 1956, that I last saw the deceased alive on April 3, 1956, and that death occurred at 10:35 P.M., from the causes and on the date stated above 4-5-56										
23a. SIGNATURE Elbert H. Cason Elbert H. Cason, M.D.				23b. ADDRESS 3606 Gravois M.D. 3606 Gravois			23c. DATE SIGNED 4/5/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 6 1956		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem		24d. LOCATION (City, town, or county) (State) Lemay, Mo.				
DATE REC'D BY LOCAL REG. APR 6 1956		REGISTRAR'S SIGNATURE Charles Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home				ADDRESS Mehlville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *Elmo R. Padwell*

Licensed Embalmer No. *4,070*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.