MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037150
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2579

FILED SEP 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
14006			
24006			
3			
4	1		
5	2		
6			
7	1		
8	0		
94201			
10			
11			
12	70-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): University City — Length of stay in 1b: 5 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 8332 DELCREST — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8332 Delcrest (30) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LUCILLE Middle: A Last: NICKERSON

4. DATE OF DEATH: Month: September Day: 1 Year: 1962

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/8/1892
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Fordyce, Arkansas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Albert Acruman
13b. MOTHER'S MAIDEN NAME: Mollie Susan Lochridge
14. NAME OF HUSBAND OR WIFE: Winsor Cecil Nickerson

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: Mary A. Goerner, 520 West Polo Drive (5)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 3 MOS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CORONARY ARTERIOSCLEROSIS — 1YR.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from AUG. 1962 to SEPT 1, 1962 and last saw her/him alive on AUG. 28, 1962
Death occurred at 10:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm. A. Fabry, M.D.
22b. ADDRESS: 5720 WASHINGTON
22c. DATE SIGNED: 9/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 5, 1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kirkwood Missouri

24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons, 9801 Highway 66
25. DATE RECD. BY LOCAL REG.: 9-5-62
26. REGISTRAR'S SIGNATURE: John P. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. A. Tibbs, Jr.
Office 3720 Washington, JE 1 8990
Res. 8128 University Drive VO 3 3440

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 Jos E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6176 Ellmar

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.