

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8084  
Do not use this space.

MAR 24 1938

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 96  
 (b) Township Clayton Primary Registration District No. \_\_\_\_\_ Registered No. 259  
 (c) City Clayton (d) Street No. St. Louis County Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Belle Nicks 2.00  
 (a) Residence, No. Mid-Link St.  Mt. Pleasant, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

| PERSONAL AND STATISTICAL PARTICULARS  |   |   |                  |  |
|---|---|---|------------------|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |                  |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herbert E. Nicks</u>        |   |   |                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 4 1902</u>                                 |   |   |                  |  |
| 7. AGE  | YEARS<br><u>35</u>  | MONTHS<br><u>11</u>   | DAYS<br><u>0</u> | IF LESS than 1 day, ..... hrs. or ..... min. |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>                                       |   |                  |  |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc.   |   |                  |  |
|   | 10. Date deceased last worked at this occupation (month and year) <u>2/4/38</u> 11. Total time (years) spent in this occupation <u>19</u> |   |                  |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Willow Springs, Mo.</u>                 |   |   |                  |  |
| FATHER  | 13. NAME <u>William L. Baldwin</u>  |   |                  |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>   |   |                  |  |
| MOTHER  | 15. MAIDEN NAME <u>Elizabeth Pierde</u>   |   |                  |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>   |   |                  |  |
| 17. INFORMANT <u>Herbert E. Nicks</u><br>(ADDRESS) <u>R#1 Creve Coeur, Mo.</u>              |   |   |                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Mt. Lebanon Cem</u> DATE <u>2-7-38</u>        |   |   |                  |  |
| 19. FUNERAL DIRECTOR <u>Baumman Bros Inc</u><br>(ADDRESS) <u>2506 Woodson Overland, Mo.</u> |   |   |                  |  |
| 20. FILED <u>27</u> 19 <u>38</u> <u>J.R. Meyer</u> Local Registrar                          |   |   |                  |  |

| MEDICAL CERTIFICATE OF DEATH   |                           |
|--|---------------------------|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR)   | <u>Feb. 4 1938</u>        |
| 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____  |                           |
| I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>1:30 p.m.</u>   |                           |
| The principal cause of death and related causes of importance were as follows:   |                           |
| <u>Automobile collision while riding as a passenger in a private auto on a public highway which collided with a commercial truck.</u> Date of onset <u>2/4/38</u>  |                           |
| Other contributory causes of importance: <u>meningeal hemorrhage, laceration of left lung with pneumothorax</u> <u>2/4/38</u>  |                           |
| Name of operation  | <u>none</u> Date of _____ |
| What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>yes</u>   |                           |
| 23. If death was due to external causes (violence), fill in also the following:<br>Accident, suicide, or homicide? <u>accident</u> Date of injury <u>2/4 1938</u><br>Where did injury occur? <u>Overland, Mo.</u> (Specify city or town, county, and State)<br>Specify whether injury occurred in industry, in home, or in public place. <u>Public Place</u><br>Manner of injury <u>Automobile collision</u><br>Nature of injury <u>meningeal hemorrhage</u> |                           |
| 24. Was disease or injury in any way related to occupation of deceased? <u>no</u>  |                           |
| If so, specify _____ (Signed) <u>John D. Conroy</u> M.D.<br>(Address) <u>Overland, St. Louis Co.</u>   |                           |

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Oscar J Mueller, Licensed Embalmer No. 3039

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3039 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Oscar J Mueller

Licensed Embalmer No. 3039

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**