N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 15 1940

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

Do not use this space.
13384

1. PLACE OF DEATH

County 2 Registration District No. 791
Township 0 Primary Registration District No. 1008
City St. Louis (No. ..., Mo. Baptist Hospital St. ... Ward)

File No. 3586
Registered No.

2. FULL NAME 242 Anna Litia Nickels

(a) Residence, No. Loquey, Mo. St., NR Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1, 1864

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year): 7
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Pulaski Co. Missouri

FATHER

13. NAME: Joe Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Virginia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown

17. INFORMANT (ADDRESS): Ernst Nickels, Hazel Green, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Laquey, Mo. DATE: 4-20-40, 19

19. UNDERTAKER (ADDRESS): Albert H. Hoppe, 4700 Washington Ave.

20. FILED: APR 20 1940, 19 J. B. Buder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1940, to Apr 19, 1940
I last saw her alive on April 19, 1940. Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus septicemia	4/10
Septic pneumonia	"
multiple lung abscesses	
caused by infection from	
gall bladder	

Other contributory causes of importance:
arterio-sclerosis
Myocarditis, chronic
Empyema of gall bladder

Name of operation: Cholecystectomy Date of: 3/27/40
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. H. Talbott, M. D.
(Address) Metropolitan Bldg

STATEMENT BY LICENSED EMBALMER

I herebycertify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

Signed Albert W. Wagner

License No. 1861