

No. 2
4-13-40
5-17-39
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FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16475

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3993**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **H. G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Newborn**
(Specify whether _____)
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Baby Nickerson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased **may 8 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. min.

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business _____

MOTHER FATHER { 12. Name **Leonard Nickerson**

13. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Theima Harrel**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leonard Nickerson**

(b) Address **2117 Cole St**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-13-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem**

18. (a) Signature of funeral director **Ellis Fun Home**

(b) Address **2820 Stoddard St**

19. (a) _____ (Date received local registrar) (b) **J. W. Buckner** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3301 Lawton**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **1941** hour **8:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 8, 1941** to **May 10, 1941**
that I last saw him alive on **May 10, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature New Born** Duration **2 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **G. C. Place** (M. D. or other) _____
Address **2601 N. Whittier St.** Date signed **5-12-41**

WRITE PLAINLY—USE UNFADING 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.