

No. 2  
4-13-40  
5-17-39  
I X23159

FILED AUG 28 1941-7-4-1

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether

In this community Unknown A  
years, months or days)

3. (a) PRINT FULL NAME Oscar Nickerson

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race Col

6. (a) Single, married, divorced MARRIED

6. (b) Name of husband or wife Uola Nickerson

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Feb 16 1905  
(Month) (Day) (Year)

8. AGE: Years 36 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation Former

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Freeman Nickerson

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Beal

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

16. (a) Informant L. Homer Phillips Hospital

(b) Address \_\_\_\_\_

17. (a) Ridgely Tenn (b) Date thereof July 16 1941  
(Date of death or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgely Tenn

18. (a) Signature of funeral director A. L. Beal

(b) Address 273 Lucas Ave

19. (a) JUL 19 1941 (b) J. H. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
17  
217

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2611 Pine  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1941 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 14  
\_\_\_\_\_, 1941, to July 16, 1941  
that I last saw him alive on July 16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Bacterial Endocarditis Duration  
5 Mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions MI  
(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 J. W. Johnson (M. D. or other) \_\_\_\_\_  
Address 260 N. Whittier Date signed 7/18/41

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 Arthur L. Hellind

Licensed Embalmer No. 4221

P. O. Address 2649 Delmar

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.