

FILED DEC 11 1942

10108

Registration District No. 218

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: St. Louis

(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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED: 949

(a) State Alabama (b) County _____

(c) City or town Wistler
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRIOR FULL NAME Dr. Fletcher Nicks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1942 hour 5 minute 01 M.

21. I hereby certify that I attended the deceased from 11-25
1942 to 12-3 1942
that I last saw him alive on 12-3 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie Nicks

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 13th, 1876
(Month) (Day) (Year)

Immediate cause of death
Cerebrovascular fracture

Due to Post operative embolus

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>21</u>	_____ hr. _____ min.

Physician findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Car Foreman

11. Industry or business G. M. Railroad

12. Name Jesse T. Nicks

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown James

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Nicks

(b) Address Wistler Alabama

17. (a) Removal (b) Date thereof 12/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mobile Alabama

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) DEC 2 1942 (b) J. F. Bales
(Date received local registrar's certificate) (Registrar's signature)

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 Heinz S. Owen (M. D. or other) 0
Address Mo. Pac. Hospital Date signed 12/3/42

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.