S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19196

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5163

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 Milner Hotel; 1734 Washington Blvd., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

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") 17

(d) Street No. 1734 Washington Blvd., (If rural, give location) 25

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GRACE E. NICKELL.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H. Ashby Nickell.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. (Month) 19 (Day) 1876 (Year)

8. AGE: Years 70 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. O (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

MOTHER FATHER

12. Name Samuel G. Wilson.

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

14. Maiden name Felixina Poullain.

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

16. (a) Informant H. Ashby Nickell

(b) Address 1734 Washington Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) MAY 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1947 hour ~~6:30~~ 5 minutes 45 A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to 9400	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 Alfred J. Terry (M. D. or other)

Address Deputy Coroner Date signed 5-22-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Coroner

MAY 3 1950

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, In

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.