

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3459

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 317 **PRIMARY REG. DIST. NO.** 3063 **Registrar's No.** 041532

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>ST. LOUIS</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. LOUIS</u>	b. COUNTY <u>16</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>	c. LENGTH OF STAY (in this place) <u>3 hrs 45 min</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Review Gardens</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>	d. STREET ADDRESS (If rural, give location) <u>10077 DOROTHY</u>	d. STREET ADDRESS (If rural, give location) <u>1</u>	
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <u>JOHN</u>	b. (Middle) <u>NICKY</u>	c. (Last) <u>1 21 1949</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>M</u>	<b>8. DATE OF BIRTH</b> <u>1-27-11</u>
<b>9. AGE</b> (In years last birthday) <u>37</u>	<b>IF UNDER 1 YEAR</b> Months <u>11</u>	<b>IF UNDER 12 HRS.</b> Days <u>24</u>	<b>IF UNDER 12 HRS.</b> Hours <u>24</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>U.S. POST OFFICE</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>FISHER BODY CO.</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>CZECHO SLOVAKIA</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>C.S.</u>
<b>13a. FATHER'S NAME</b> <u>MARTIN NICKY</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>SUE KISSELL</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>ELSIE</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>ELSIE NICKY 10077 DOROTHY</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Rheumatic Heart Disease</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>11 1/2</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>① mitral stenosis</u> <u>② subacute bacterial endocarditis</u> <b>DUE TO (c)</b> <u>③ pulmonary edema</u>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>④ Splenomegaly &amp; splenic infarct</u> <u>⑤ Renal infarct</u>			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>26</u>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>1-21-1949</u>, to <u>1-21-1949</u>, that I last saw the deceased alive on <u>1-21-1949</u>, and that death occurred at <u>4:30 a.m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>J. R. Coble, M.D.</u>		<b>23b. ADDRESS</b> <u>601 Brentwood Clayton</u>	<b>23c. DATE SIGNED</b> <u>1-21-49</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>1/24/49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>New Bethlehem Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>1-22-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Shirley Luning</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Math Hermann &amp; Son, Inc. 2161 East Fair Ave</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—6-10-49

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harold G. Burnley* \_\_\_\_\_

Licensed Embalmer No. *4202 J* \_\_\_\_\_

P. O. Address *St Louis Mo* \_\_\_\_\_

**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.