

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2858

State File No.

318

1003

Registrar's No.

864

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St Louis</u> c. LENGTH OF STAY (If in place) <u>11 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Granit City</u> d. STREET ADDRESS (If rural, give location) <u>2312 Delmar</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wesley</u> b. (Middle) <u>Lee</u> c. (Last) <u>Nicodemus</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8-19-1879</u>		9. AGE (In years last birthday) <u>70</u> If under 1 year: Months <u>0</u> Days <u>0</u> If under 12 hrs: Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Printer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Stationary</u>		11. BIRTHPLACE (State or foreign country) <u>Taylorville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Nicodemus</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine Sansnopp</u>		14. NAME OF HUSBAND OR WIFE <u>Francis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Phylis Holmes</u>		17. ADDRESS <u>3518 Giles St Louis</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>				2 <u>1/2</u>			
DUE TO (c) <u>Hypertension</u>				2 <u>3/4</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1, 1948</u> , to <u>Jan 24, 1950</u> , that I last saw the deceased alive on <u>Jan 24, 1950</u> , and that death occurred at <u>10 a. m.</u> from the cause and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>University Club - Bldg</u>		23c. DATE SIGNED <u>1-26-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-28-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Edwardsville Ill</u>	
DATE REC'D BY LOCAL REG. <u>JAN 27 1950</u>		REGISTRAR'S SIGNATURE <u>J B Pasater</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Ferd Pieper</u>		ADDRESS <u>Granite City Ill</u>	

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

009-5

864

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 *John M. Simon* _____

Licensed Embalmer No. *4343* _____

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.