

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11519

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 710

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Affton</u>	c. LENGTH OF STAY (In this place) <u>0</u> MOE	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis AFFTON, MO. 11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8707 Gravois</u>		d. STREET ADDRESS (If rural, give location) <u>8707 Gravois</u> <u>400</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella May</u> b. (Middle) c. (Last) <u>Nickels</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18, 1950</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>4</u>	8. DATE OF BIRTH <u>July 13, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Alantnes, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Ezekiel Gilleland</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Adeline Wilke</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Adeline Wilke</u>
		ADDRESS <u>8707 Gravois</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>1949</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - general</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
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 checked="" 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>199X</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 July 11, 1949, to March 18, 1950, that I last saw the deceased alive on March 18, 1950, and that death occurred at 6:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>John B O'neal</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1222 Missouri Theater</u>	23c. DATE SIGNED <u>3/18/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>
24d. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>MAR 18 1950</u>	REGISTRAR'S SIGNATURE <u>Richard J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein &amp; Sons</u>	ADDRESS <u>7027 Gravois</u>
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WRITE PLAINLY—USING 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

**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.