

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6487

State File No. ....

318

1003

1832

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in the place) 8 Mo.		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1713 So. 7th St.		d. STREET ADDRESS (If rural, give location) 1713 So. 7th St.	

3. NAME OF DECEASED (Type or Print) Alice	a. (First)	b. (Middle) EVA	c. (Last) Nickelson	4. DATE OF DEATH (Month) (Day) (Year) Feb. 24 '51
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 13 <sup>th</sup> 1885/65	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 65
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Richwoods, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Paul A. Ly.	13b. MOTHER'S MAIDEN NAME Louella Doe	14. NAME OF HUSBAND OR WIFE Charles Nickelson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Meta Lawrence	ADDRESS St. Louis
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 1/2 hr (?)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIABETES MELLITUS		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) the underlying cause last.  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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 260X
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22. I hereby certify that I attended the deceased from FEB 10, 1951, to FEB 22, 1951, that I last saw the deceased alive on FEB 10, 1951, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Edmund D. Canepa, M.D.	(Degree or title)	23b. ADDRESS 2202 So. Broadway St. Louis, Mo.	23c. DATE SIGNED 2/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-26-51	24c. NAME OF CEMETERY OR CREMATORY Mason	24d. LOCATION (City, town, or county) (State) Blackwell, Mo.
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DATE REC'D BY LOCAL REG. FEB 24 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead, Pastor	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1951

AUG 5 1951

**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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.