No. 300
10-48

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26600

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1998

1. PLACE OF DEATH
a. COUNTY: St. Louis County 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson Missouri
c. LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oak Knoll Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2179
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 17
d. STREET ADDRESS (If rural, give location): 4315 Lafayette

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISA
b. (Middle): Adelaide ~~ADELIA~~
c. (Last): NICKLIN

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: April ~~March~~ 23-1862
9. AGE (In years last birthday): 90 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice-President
10b. KIND OF BUSINESS OR INDUSTRY: NICKLIN Tanning ~~Canning~~ Co.
11. BIRTHPLACE (State or foreign country): Elora, Ontario, Canada 2
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm. Crewson
13b. MOTHER'S MAIDEN NAME: Mary Lasby
14. NAME OF HUSBAND OR WIFE: Edw. Benj. Nicklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 491-18-1085
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. A. S. Schember 4315 Lafayette Ave

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral malacia — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral hemorrhages — 2 years.
DUE TO (c) arterio sclerotic Cardio-vascular-renal disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension 331X — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 28, 1950, *to* July 25, 1952, *that I last saw the deceased alive on* July 22, 1952, *and that death occurred at* 7:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Lettmann MD
23b. ADDRESS: 8231 Clayton Rd (17)
23c. DATE SIGNED: 7/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: July 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 7-26-52
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Beiderwieden F.H. Inc., 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 1 1952

Lewis E. Littman, M. D.
8431 Clayton Rd.

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 _____ working under my personal supervision.

Student Embalmer No. _____

Signed Max L Warfel

Signed _____
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Av

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI } ss.
County of ST. LOUIS }

State File No. 26600

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1998

On this 13th day of August, 1952, before me appears Mrs. A. S. Schember, who, upon her oath, states that the original record of ~~birth~~ death for LOUISA ADELAIDE NICKLIN, died ~~born~~ JULY 25, 1952, 19____, in the State of Missouri, and which was filed at CLAYTON, MO. on JULY 26, 1952, should be corrected as follows:

Item No. 3b should read ADELAIDE
Instead of ADELIA

Item No. 8 should read APRIL 23, 1862
Instead of MARCH 23, 1862

Item No. 10b should read NICKLIN TANNING CO.
Instead of NICKLIN CANNING CO.

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs A. S. Schember Daughter
Relationship.

4315 Lafayette Ave., ST. LOUIS
Present Address.

Subscribed and sworn to before me this 13th day of August, 1952

My Commission expires January 15-1954 Norman H. Goehler Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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