

FILED APR 10 1953

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12087**  
**3326**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Daniel Boone 3733 Lindell</b>		d. STREET ADDRESS (If rural, give location) <b>3733 Lindell</b>	

3. NAME OF DECEASED (Type or Print) <b>Caroline Nickell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 28 1953</b>	
a. (First)	b. (Middle)	c. (Last)	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>March 31 1871</b>	9. AGE (In years last birthday) <b>81</b>	10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <b>11 28</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Barr France</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Governess</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>					

13a. FATHER'S NAME <b>Emmanuel Nickell</b>	13b. MOTHER'S MAIDEN NAME <b>Francoise Hiets</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Beatrice Twaddell</b>	ADDRESS <b>3733 Lindell</b>
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18. CAUSE OF DEATH Enter 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 <b>24 hours</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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"/>
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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? <b>331X</b>
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22. I hereby certify that I attended the deceased from April 26, 1952, to March 27, 1953, that I last saw the deceased alive on March 27, 1953, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Twaddell</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>3903 Olive</b>	23c. DATE SIGNED <b>3/28/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>30 March</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>New York City N.Y.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 30 1953</b>	REGISTRAR'S SIGNATURE <b>Charles Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Donohue</b>	ADDRESS <b>3840 Lindell</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 me

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

working under my personal supervision.

Student .....

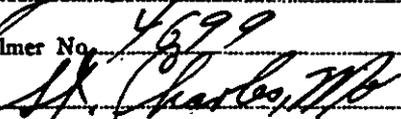
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address



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.