

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12852

State File No. ....

LED APR 3 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>819</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moline Acres</u>			c. LENGTH OF STAY (In this place) <u>1 year</u>	c. CITY OR TOWN <u>Moline Acres</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9845 Highway 99</u>				e. STREET ADDRESS (If rural, give location) <u>9845 Highway 99</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>O.</u>	c. (Last) <u>Nitchman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1953.</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>Feb. 1, 1876</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____	IF UNDER 2 HRS: HOURS _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Goodfellow Lumber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Walnut Prairie, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Theodore P. Nitchman</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. George Schacklin 5335 St. Louis Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis.</u>				<u>12 days.</u>	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				<u>unknown</u>	
		DUE TO (b) <u>Arteriosclerosis.</u>					
		DUE TO (c) <u>Chronic nephritis.</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 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) _____			
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>Sept. 19 47</u> , to <u>2-15</u> , 1953, that I last saw the deceased alive on <u>3-14</u> , 1953, and that death occurred at <u>8:20a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wilson</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>6401 W. Florissant.</u>		23c. DATE SIGNED <u>3/16/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-18-53.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Normandy, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>3-16-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks - M.P.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wath Hermann &amp; Son, Inc. 2161 E. Fair Ave.</u>			

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

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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.....  
Signature of Student Embalmer

Signed.....  
*John W. Katz*

Licensed Embalmer No. *3737*

P. O. Address *St. Louis, Co, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.