

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43876**
Registrar's No. **11803**

FILED JAN 18 1955

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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 <u>MISSOURI</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>30 YRS.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN-BROS-HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>117-IRON-ST. 2019 0</u>				
3. NAME OF DECEASED a. (First) <u>STANLEY-PAUL</u> b. (Middle) _____ c. (Last) <u>NICKRENT.</u>			4. DATE OF DEATH <u>DEC. 27TH 1954</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 17TH 1904</u>		9. AGE (In years last birthday) <u>50 YRS.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MOULDER</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>SOUTHERN-ALLOY CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RADOM - ILL.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>JOSEPH-NICKRENT</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA-MAJKOWSKI</u>		14. NAME OF HUSBAND OR WIFE <u>MARY-NICKRENT.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>488-09-6545</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY-NICKRENT - 6228 PENNSYLVANIA-AV.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u> ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>		
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? <u>5810</u>						
22. I hereby certify that I attended the deceased from <u>Dec 11, 1954</u> , to <u>Dec 27, 1954</u> , that I last saw the deceased alive on <u>Dec 24, 1954</u> , and that death occurred at <u>5:20 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>V. W. C. Priddy M.D.</u>				23b. ADDRESS <u>7702 Rocky Hill</u>		23c. DATE SIGNED <u>12/27/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 29TH 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 28 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brockland Und. Co. 1827-HOGAN-ST.</u>				

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.....
Signature of Student Embalmer

Signed *John S. Denner*.....
Licensed Embalmer No. *719*
P. O. Address *St. Lo*.....

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.