

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24163

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5729

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 4 Days	c. CITY OR TOWN Jennings		4-14-18	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 Mo. Pacific Hospital			STREET ADDRESS (If rural, give location) 7010 Garesche Avenue,			
3. NAME OF DECEASED (Type or Print) a. (First) Dana b. (Middle) E. c. (Last) Niccum			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-1-1886	9. AGE (In years last birthday) 69	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Eli Sapp		13b. MOTHER'S MAIDEN NAME Maria Grant		14. NAME OF HUSBAND OR WIFE Mr. Clarence R. Niccum		
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence R. Niccum, 7010 Garesche 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage Peritoneal Hemorrhage. DUR suffered when deceased fell from second floor roof of driveway, below at Memorial Hosp. on July 1 at 3:55, at 3:55 pm. Died while suffering from temporary mental disturbance. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1955, at 3:55 pm. Died while suffering from temporary mental disturbance.					20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Hosp	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 1 55 3:55 p		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? F9027					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:55 p.m., from the causes and on the date stated above. 45						
23a. SIGNATURE Patrick P. Taylor Caravan			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7. 5. 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-5-1955	24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL REG. JUL 5 1955	REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son Inc. 2161 E. Fair Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

— 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.....

Licensed Embalmer No. 4520

P. O. Address.....
St. Louis

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.