

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42861**
Registrar's No. **2974**

FILED JAN 12 1956

BIRTH NO. **54255-55** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY OR TOWN Fenton 4770	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		e. STREET ADDRESS (If rural, give location) Bolaford Beach Rd.			

3. NAME OF DECEASED a. (First) Tracee b. (Middle) Ann c. (Last) Nickelson			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug 5, 1955	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.	

13a. FATHER'S NAME James T. Nickelson		13b. MOTHER'S MAIDEN NAME Gloria I. (Unk)		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE, OR NAME James T. Nickelson	
				ADDRESS Fenton, Mo.	

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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage, Suspected		
	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. D.O.A. on adm. to Emergency Room			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4672	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 **12-18, 1955**, to **12-19, 1955**, that I last saw the deceased alive on **12-19, 1955**, and that death occurred at **2:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack L. Wagoner M.D.	23b. ADDRESS 601 S. Brentwood Clayton, Mo.	23c. DATE SIGNED 12/20/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 21, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Leaff, Fisher, Intor Mo	
DATE REC'D BY LOCAL REG 12-20-55	REGISTRAR'S SIGNATURE Herbert B. Dombrowski	ADDRESS St. Louis, Mo.

(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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

WHILE I AM LIVING USING UNFADING INK

<p>line for (a), (b), and (c)</p> <p><i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		<p>DIRECTLY LEADING TO DEATH (a)</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p style="text-align: right;">DUE TO (b) _____</p> <p style="text-align: right;">DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
<p>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 _____ m., from the causes and on the date stated above.</p>						
23a. SIGNATURE (Degree or title)			23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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 *Samuel J. Mahan*
Licensed Embalmer No. *1160*
P. O. Address *1160*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.