Health, Welfare Public Service

3

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031207
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2204

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Louis Co Hosp. DOA — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Mehlville 4830 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location): 3665 Anita La. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Charles Middle: Elmer Last: Nickles
4. DATE OF DEATH: Month: Aug Day: 21 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 20 1907
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 5 Days 1 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Machanic
10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.
11. BIRTHPLACE (City and state or country): Charlerston Ill
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Nickles
14. MOTHER'S MAIDEN NAME: Maude Wright
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW N2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Florence Nickles Address: 3665 Anita La St Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 23 — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Strangulation compatible with suicide

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 974 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE X HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Self inflicted strangulation by ligature
20c. TIME OF INJURY: Hour 1:30 p. m. Month, Day, Year 8/22/58
20d. INJURY OCCURRED WHILE AT WORK X NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): garage building
20f. CITY, TOWN, OR LOCATION: Lemay COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Hart (Degree or title): Coroner 3
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 8/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 25 1958
23c. NAME OF CEMETERY OR CREMATORY: Parklawn Cem
23d. LOCATION (City, town, or county) (State): Lemay Mo.

24. FUNERAL DIRECTOR: Fey Funeral Home ADDRESS: Mehlville Mo.
25. DATE RECD. BY LOCAL REG.: 8-23-58
26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence M. Bil

Licensed Embalmer No. 43

P. O. Address St. Louis, M

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