S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5540

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1701

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4261 Delmar (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4261 Delmar (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Alfred W. Nicklis(Nickles)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, divorced Married

6. (b) Name of husband or wife Allie Nicklis

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased November 9, 1889 (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Lennox (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name John Nicklis

13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name Lena Enka

15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Allie Nicklis

(b) Address 4261 Delmar

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/21/44 (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) FEB 21 1944 (Date received local registrar) (b) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1944 hour 7:00 P.M. minute M.

21. I hereby certify that I attended the deceased from April 22, 1943, to Feb 20, 1944 that I last saw h~~im~~ alive on Feb 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis (Poly) Cerebral Hemorrhage — Duration

Due to

Due to

Other conditions High blood pressure (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. G. A. Schmucker (M. D. or other) DC

Address 502 N. Taylor Date signed 2/21/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 12-84

P. O. Address. St. Louis 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 this body is not embalmed, fact should be so stated above.