

FILED JUL 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. 5500
Registrar's No.

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1215a Tower Grove Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME Louisa C. Nickles

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Nickles 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased December 3, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days 15 If less than one day
84 6 15 hr. min.

9. Birthplace Texas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Edward Woodward
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary Tiale
15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. H. Rogers
(b) Address 1215a Tower Grove Avenue.

17. (a) Burial (b) Date thereof 6/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hermon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 20 1946 (b) J. J. Breach
(Date received for burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1215a Tower Grove Avenue,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1946 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 6-20
1946 to June 19 1946
that I last saw her alive on 6-19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Sanity Duration

Due to

Due to

Other conditions
(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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. J. Breach (M. D. or other)
Date signed 6/29/46

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.....

Elmo R. Cadwell

Licensed Embalmer No.....4077.....

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 this body is not embalmed, fact should be so stated above.