WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41540

File No. 12230

Registered No.

1. PLACE OF DEATH

County

Township

City

Registration District No. 791

Primary Registration District No. 1003

(No. 3920 Eiler St. ..... St. ..... Ward)

2. FULL NAME Walter A Nickolaus

(a) Residence. No. 3920 Eiler St., 15 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4-1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	4	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Bread

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Fred. Nickolaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Elise Held

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Ruth Nickolaus
(Address) 3920 Eiler St

15. FILED DEC 31, 1930 Max C Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Oktober 31, 1930 to Decbr 29, 1930 that I last saw him alive on Decbr 28, 1930 and that death occurred, on the date stated above, at 4-45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of the Liver

111 E
4 30

44B (duration) about 1 year yrs. mos. ds.

CONTRIBUTORY (SECONDARY) —

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 0

0 DID AN OPERATION PRECEDE DEATH? No DATE OF 0

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & X Ray diagnosis

(Signed) Charles Frank Rotter, M. D.

12-30, 1930 (Address) 3123 Lemps Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Sunset Burial	12-31 1930
20. UNDERTAKER	ADDRESS 6320
Southern	S Grand