

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15528

1. PLACE OF DEATH

46 County St. Louis
Township Central
City Creve-Coeur, Mo. (No. _____)

Registration District No. 289
Primary Registration District No. 603812

File No. _____
Registered No. 160
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1 Henry Nicholas Rd. St. _____ Ward _____
(Usual place of abode)

Creve Coeur, Mo
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Nicholas
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 1, 1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 1 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Creve Coeur, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John Nicholas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Aug. R. Nicholas
(Address) Creve Coeur, Mo

15. FILED 4/30 1931 J. J. Gray - M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/29 1931

17. I HEREBY CERTIFY, That I attended deceased from 4/15/31, 1931 to 4/29/31, 1931 that I last saw him alive on 4/29/31, 1931 and that death occurred, on the date stated above, at 4:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility Old age
Stomach

CONTRIBUTOR (SECONDARY) Senility (duration) yrs. mos. ds. 17

18. WHERE WAS DISEASE CONTRACTED 115B
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) A. H. Meador M. D.
4/30, 1931 (Address) Clayton Mo

*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 St Pauls Ev Cem. DATE OF BURIAL 5/2/31

20. UNDERTAKER Baumann Bros ADDRESS Overland, Mo

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.

MAY 27 1931

