

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.

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

Do not use this space.

42121

JAN 22 PLACE OF DEATH *St. Louis*
County *St. Louis* Registration District No. *1123*
Township *Carondelet* Primary Registration District No. *6248 C*
City *Louisa* (No. *615*) St. _____ Ward _____

File No. _____
Registered No. *450*
St. _____ Ward _____

2. FULL NAME *Helen E. Nichols*

(a) Residence, No. *615 Louisa* St. _____ Ward _____
(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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 29th 1916</i>		
7. AGE	YEARS <i>15</i>	MONTHS <i>7</i>
	DAYS <i>16</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>High School</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Hancock</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>So Dakota</i>		
FATHER	13. NAME <i>Charles Nichols</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>So Dakota</i>	
MOTHER	15. MAIDEN NAME <i>Mabel Callahan</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>So Dakota</i>	
17. INFORMANT <i>Charles Nichols</i> (ADDRESS) <i>615 Louisa Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New St. Burial</i> DATE <i>Dec 10th 1931</i>		
19. UNDERTAKER <i>Wendler & Co.</i> (ADDRESS) <i>7819 Michigan Ave</i>		
20. FILED <i>Dec. 16</i> 19 <i>31</i> <i>L. C. Brooks</i> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 15 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 1st* 19*31* to *Dec 15th* 19*31*
I last saw h. w. alive on *Dec 14* 19*31*. Death is said to have occurred on the date stated above, at *2:10 a.m.*
The principal cause of death and related causes of importance were as follows:
Myocarditis
108 108
93B 108
Other contributory causes of importance:
acute lobar Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? *Symptoms* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *D. H. Tate*, M. D.
(Address) *6439 Edgemoor St. Louis 8 Mo*

