

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

Do not use this space.

3258

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1000
 City St. Louis (No. Mo Baptist Hosp) St. Ward)

File No.
 Registered No. 1032

2. FULL NAME

Dr Andrew B. Nichols
 (s) Residence, No. 4044 Washington Blvd. Ward. 19
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise D. Nichols</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept, 28, 1852</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>4</u>	DAYS <u>1</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>M.D.</u>
	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) Virginia 2

FATHER 13. NAME (Unknown) Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT Mrs A. B. Andrews
(ADDRESS) # 4044 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dalhalla Cem DATE Feb 1st 1932

19. UNDERTAKER P. P. Lepton & Sons
(ADDRESS) # 442 9th Olive Street

20. FILED FEB - 1 1932 Max E. Stanley
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931, to Jan 29, 1932
 I last saw him alive on Jan 29, 1932 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:

<u>Carcinoma of Prostate</u>	Date of onset <u>June 1932</u>
<u>Myocarditis Acute</u>	<u>Jan 20/32</u>

Other contributory causes of importance:
Suprapubic cystotomy

Name of operation Suprapubic cystotomy Date of Jan 6, 1932
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury....., 19.....
 Where did injury occur? (Circled) (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (Circled)
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) C. E. Purford, M. D.
 (Address) 958 Arcade Bldg

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.

10/20/06

10.30 to 1