

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

Do not use this space.

13859

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1127
 Township Carondelet Primary Registration District No. 6248
 City Koch (No., St. Ward)

File No.
 Registered No. 124

2. FULL NAME NICHOLLS, RALPH

(a) Residence No. 411 S 6th St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs 5 mos. 22 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28 1883

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	48	5	13	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Teamster 104
 (b) General nature of industry, business, or establishment in which employed (or employer) ..
 (c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Texas (STATE OR COUNTRY)

10. NAME OF FATHER Albert Nicholls
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Josephine Collins
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas (STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital Records (Address) Koch Mo.

15. FILED Apr. 11, 1932 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 11 1932

17. I HEREBY CERTIFY, That I attended deceased from 10/19/89 19... to 4/11/32 19... that I last saw him alive on 4/11/32, 19... and that death occurred, on the date stated above, at 5 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

231 (duration) 5 yrs. mos. ds.
2.5
930 (SECONDARY) Gastro Intestinal Tbc.
Myocarditis (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Indeterminate

DID AN OPERATION PRECEDE DEATH? No DATE OF ..
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? X-ray, Clinical Findings,
 (Signed) R. E. ... M. D.

4/11/32 (Address) Koch Hospital

*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 New St. Peter & Paul DATE OF BURIAL Apr. 15 1932

20. UNDERTAKER Gebken Undertaking Co. ADDRESS St. L Mo

K. 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.

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

MAY 28 1932

