

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.

24080

1. PLACE OF DEATH
96 County St. Louis Registration District No. 1170
7 Township _____ Primary Registration District No. 624814
7 City Richmond Heights (No. St. Marys Hospital) St. _____ Ward _____

2. FULL NAME Albert J. Nichols
(a) Residence, No. 919 N. 66th St., _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 1932</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	IF LESS than 1 day, <u>4</u> hrs. or <u>0</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Heights</u>	
	13. NAME <u>Corbie Nichols</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	
	15. MAIDEN NAME <u>Ruthanne Tale</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Corbie Nichols</u> <u>919 N. 66th St</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Calvary</u>	<u>July 19th 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Arthur J. Ross</u> <u>2009 Olive St</u>		
20. FILED <u>7/18</u> 19 <u>32</u> <u>6. de Jesus</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1932

22. I HEREBY CERTIFY, that I attended deceased from July 17-32, 1932, to July 18-32, 1932.
I last saw him alive on July 18 7 AM, 1932. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
1. Prematurity - 7 mo -
159
0159

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932.
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?
If so, specify _____
(Signed) L. J. Gresham, M. D.
(Address) St. Marys Hosp -
St. Louis, Mo.

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