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.

MAR 24 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7045

Township ..... Primary Registration District No. 1003 Registered No. 1924

City St. Louis (No. 1509 Hickory St. ..... Ward)

2. FULL NAME Pauline Nichols

(a) Residence, No. 1509 Hickory St., ✓✓ Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~(OR) WIFE OF~~ Wm. T. Nichols

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: About 36 (YEARS / MONTHS / DAYS) If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Tennessee

FATHER

13. NAME Wm. Pratt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Wm T. Nichols 1509 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE 2/24/34 19

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Missouri ave.

20. FILED FEB 23 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1934

22. No Physician in attendance I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 PM m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 93C

Date of onset

Other contributory causes of importance: 93C

Name of operation ..... Date of .....

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? — 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? .....

If so, specify .....

(Signed) John J. Sweeney, M.D.

(Address) Deputy Coroner