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.

MAY 7 1936

File No. 48182

Registered No. 4568

1. PLACE OF DEATH

County Lutheran Hospital Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Lutheran Hosp. St. ..... Ward)

2. FULL NAME Baby Nichols

(a) Residence, No. 4035 Eichelberger 15 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: 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: $

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24th 1936

7. AGE: YEARS Still — MONTHS born — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New-born

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) St. Louis, Mo.

FATHER

13. NAME Dale Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurel Nebraska

MOTHER

15. MAIDEN NAME Genevieve Marsh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) A. Frieda Landsky Lutheran Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE April 28 1936

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 216 13 Chicago St.

20. FILED APR 27 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24th, 1936, to April 24th, 1936

I last saw ~~him alive on~~ Ag ..... 1936. Death is said to have occurred on the date stated above, at 10 P m.

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

	Date of onset
Stillborn —	
aspiration of meconium	

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Victor F. Kloepper M.D., M. D.

(Address) 3805 So Bway.