

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis - Registration District No. **791**
 Township St. Louis Primary Registration District No. **1003**
 City St. Louis (No. Des Loge Hospital) St. Ward

2. FULL NAME Frank Nickols -
 (a) Residence, No. #3903 Folsom Street, 17 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

File No. 10883
 Registered No. 3457

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) May 23rd-1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>2</u>	<u>50</u>	<u>10</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

12. BIRTHPLACE (CITY OR TOWN) East St. Louis
 (STATE OR COUNTRY) St. Clair Co., Ill.

13. NAME Henry Nickols -

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

15. MAIDEN NAME Sophia Sonntag

16. BIRTHPLACE (CITY OR TOWN) Germany --
 (STATE OR COUNTRY)

17. INFORMANT J. W. Trafton
 (ADDRESS) 1710 Olive St. St. Louis 11

18. BURIAL, CREMATION, OR REMOVAL
 PLACE East St. Louis T11 4-2-37 19

19. UNDERTAKER Brisler and Co
 (ADDRESS) 17 St. Louis 11

20. FILED MAR 30 1937
J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1937, to 31 30, 1937.
 I last saw him alive on 3/30, 1937. Death is said to have occurred on the date stated above, at 7 AM m.
 The principal cause of death and related causes of importance were as follows:
Abscess of Pareses Causa Date of onset
Perforated and the other unknown
Pelitonitis - General

Other contributory causes of importance:
Bronchitis Pneumonia

Name of operation Cy. Ligation Date of 3/23/37
 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) A. Harster, M. D.
 (Address) 77 E. Main St. St. Louis Mo

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.

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