AUG - 5 1937

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

Do not use this space.

File No. 25746
Registered No. 6920

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Bernice Nicholson,

(a) Residence, No. 3422a Grace Avenue St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	9	13	

OCCUPATION

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

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) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME John M. Emig

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

MOTHER

15. MAIDEN NAME Amanda Lony

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

17. INFORMANT Charles Emig
(ADDRESS) 5247 Palm Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE July 21, 1937

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED JUL 20 1937 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to July 18, 1937
I last saw her alive on 7/18 1937 Death is said to have occurred on the date stated above, at 5:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
mitral regurgitation	

Other contributory causes of importance
Hypertention
arterio sclerosis

Name of operation none Date of
What test confirmed diagnosis? Physical exam 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? no
If so, specify
(Signed) Edna M. Stone, M. D.
(Address) 705 Olive St.

N. B.—Every item of information should be carefully supplied. Not more than 30 minutes should be spent on this form. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.