

REC'D APR 11 1938

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

9088
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis Mo.** (d) Street No. **St. Lukes Hospital** Registered No. **2677**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Linda Nolte Nichols 242**

(a) Residence, No. **4402 McPherson Ave.** St. **19**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jabez B. Nichols**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 27-1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
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 **Louis Nolte**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Louisa Otting**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Jabez B. Nichols**
(ADDRESS) **4402 McPherson Ave.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Bellefontaine** DATE **Mar. 21-38**19. FUNERAL DIRECTOR **Henry Leidner U. C.**
(ADDRESS) **1417 N. Market St.**20. FILED **MAR 21 1938** **J. B. Bredbeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 19-38** '1922. I HEREBY CERTIFY, That I attended deceased from **April 15, 1937, to March 19, 1938**I last saw her alive on **March 19, 1938**. Death is said to have occurred on the date stated above, at **8:45 P.M.**

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

Caecum of stomach Date of onset **Jan 1937**

Other contributory causes of importance:

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? **no**

If so, specify

(Signed) **Anthony P. Day**, M. D.(Address) **3720 Washington Blvd.**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by..... Registered Apprentice No.....
working under my personal supervision.

Signed

John P. Buchholz

Licensed Embalmer No. *1674*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)