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.

REC'D MAR 13 1939

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

Do not write this space. 4792

Registration District No. 791

Primary Registration District No. 1003

Registered No. 1485

1. PLACE OF DEATH

(a) County

(b) Township

(c) City or Town St. Louis

(d) Street No. Homer G. Phillips Hospital St.
(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. 10 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 2142 Vernon Nichols, Jr.

(a) Residence, No. 2917 Sheridan Avenue St. 21
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	Negro	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	10	18	

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. --

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Vernon Nichols

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

MOTHER

15. MAIDEN NAME Lucille Wright

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

17. INFORMANT Esther Mayo Sheard
(ADDRESS) 2601 N. Whittier St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk. DATE Feb 16, 1939

19. FUNERAL DIRECTOR (NAME) English Und. Co
(ADDRESS) 2931 Lucas, ave

20. FILED FEB 15 1939 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-7-, 1939, to 2-12-, 1939

I last saw him alive on 2-12-, 1939. Death is said to have occurred on the date stated above, at 5:05 m. A. M.

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

	Date of onset
Bronchopneumonia, Primary Type VI	2-7-1939

Other contributory causes of importance: 10/a

Name of operation Date of

What test confirmed diagnosis? clinical 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) W. B. Smith, M. D.

(Address) 2601 N. Whittier St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Louis V. Atkins, Registered Apprentice No.

working under my personal supervision.

Signed Louis V. Atk

Licensed Embalmer No. 2842

P. O. Address 364 H. Fin

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

If this body is not embalmed, above space should be left blank.