

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

23586
Do not use this space.

REC'D AUG 11 1939

791
1008

5839

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 or
 (c) City St. Louis, (d) Street No. DePaul 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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Laura Nicholson,

(a) Residence, No. Fairmont Hotel, St. 12 4907 Maryland Ave
 (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 Female 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) 1884-3-10

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 3 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Teacher
 9. Industry or business in which work was done, as saw mill, bank, etc. Public schools
 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 Robert B. Nicholson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

MOTHER
 15. MAIDEN NAME Mary Laura Marsh

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

17. INFORMANT Norris Nicholson,
 (ADDRESS) 1161 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill DATE 7/1/39, 19...

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
 (ADDRESS) Clayton Rd. at Concordia Lane

20. FILED JUL 1 1939
J.F. Buehler
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 19 39.

22. I HEREBY CERTIFY, That I attended deceased from June 26, 19 39 to June 29, 19 39
 I last saw him/her alive on June 29, 19 39 Death is said to have occurred on the date stated above, at 4:05 P.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Acute Infectious Mononucleosis
Rupture of Gall Bladder 6-29-39

Other contributory causes of importance:
Pulmonary Embolism 6-29-39
Cholecystitis
 Name of operation Cholecystectomy Date of 6-27-39
 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?
 If so, specify
 (Signed) R. J. Ambruster M. D.
 (Address) Lister Bldg.
DR. J.W. THOMPSON

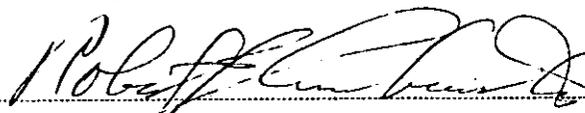
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No. 1994

P.O. Address St. Louis

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.)

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