

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.

REG'D AUG 11 1939 **791**
Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis MO.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1372 Temple St. **2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME David Kay Nicolson **242**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, in married

6. (b) Name of husband or wife Clara Nicolson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 12-23-1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Scotland **4**
(City, town, or county) (State or foreign country)

10. Usual occupation ret. carpenter **4**

11. Industry or business _____

12. Name Magnus Nicolson **4**

13. Birthplace _____ Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Kay

15. Birthplace _____ Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature N. B. Plummer

(b) Address 1372 Temple St.

17. (a) Valhalla Cem. (b) Date thereof 7-31-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) Aug 31 1939 (b) J. B. Plummer
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis **6**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1372 Temple Place
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1939 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1936 to July 29 1939;
 that I last saw him alive on July 27 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure **2**
(Specify type of place) (c) Means of injury

Due to hypertensive cardiac and
degenerative nephritis **2**
 Due to arteriosclerosis, cardiac
and chronic cardiac hypertrophy
 Other conditions Med. alcoholism
(Includes pregnancy within 3 months of death)
tuberculosis

Duration 2 hrs

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Richard W. Coe (M. D. or other) **M.D.**
 Address 5011 Hamilton Blvd. Date signed Aug 29 1939

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 jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6170 Fenner

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.