

1939
 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.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 37187
 Registrar's No. 1819

Registration District No. 784
 Primary Registration District No. 200

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Overland, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3734 Brown Road
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town Overland, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3734 Brown Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Nichols
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 15
 year 1939 hour 7.30 P. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Martha
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased Jan. 4, 1863
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from near, 1936, to 10-15, 1939
 that I last saw him alive on 10-14, 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 11
 If less than one day _____ hr. _____ min.

Immediate cause of death
Coronary disease
Myocarditis chronic
 Due to _____

9. Birthplace New York
 (City, town, or county) (State or foreign country)
 10. Usual occupation Blacksmith

Due to 938
 Other conditions Prostatitis hypertrophic
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Christopher Nichols
 13. Birthplace New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Caroline?
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations None
 Of autopsy None
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Edith E. Ambruster
 (b) Address 4234 Manchester
 17. (a) Burial (b) Date thereof 10/18/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lake Charles
 18. (a) Signature of funeral director Edith E. Ambruster
 (b) Address 4234 Manchester
 19. (a) OCT 17 1939 (b) Philip Schuck
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 19. Signature Philip Schuck (M. D. or other) _____
 Address 1703 1/2 Grand Date signed 10-16-39

17 2/11/1917

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 *Henry Eynck*

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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.