

STANDARD CERTIFICATE OF DEATH

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 4219

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1719
(d) Street No. 2919 Victor St.
(If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry E. Nichols

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Male (1) 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara D. 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 12, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 7 hr. min.

9. Birthplace Unknown / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Fernando Nichols

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

14. Maiden name Mary Jane Cady

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

16. (a) Informant Clara D. Nichols

(b) Address 2919 Victor St.

17. (a) Cremation (b) Date thereof 5/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wacker-Weldeck

(b) Address 2331 S. Broadway

19. (a) MAY 30 1941 (b) J. T. Brudack
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1941 hour 9 minute 30a. M.

21. I hereby certify that I attended the deceased from May 15 1941 to May 19 1941;
that I last saw him alive on May 19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction - Chronic hepatitis Duration 4 days

Due to _____
Due to 1228

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Intestinal Obstruction
Of operations non-malignant cause unknown
Of autopsy Chronic hepatitis
PHYSICIAN _____
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) (e) Means of injury _____

23. Signature R. Berg (M. D. or other) med
Address 2253 Nebraska Date signed 5/19/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Robert Wheeler*
Licensed Embalmer No. *2178*
P. O. Address..... *Thomas Ma*

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, fact should be so stated above.