

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:  
DePaul Hospital.  
(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 University City.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6533 Avalon  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME May Nichols.

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

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

6. (b) Name of husband or wife Coy F. Nichols. 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 27 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 1 12 hr. min.

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

12. Name William Weiss.

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

14. Maiden name Abba Helm.

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

16. (a) Informant Coy F. Nichols.

(b) Address 6533 Avalon Ave.

17. (a) Burial (b) Date thereof 1-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tower Hill, Illinois

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 11 1946 (Date received local registrar)  
J. T. Busch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased on January 7, 1942, to January 9, 1942  
that I last saw h. w. alive on January 9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Agranulocytosis Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Arthur Swanson (M. D. or other) M. D.

Address 2202 University Date signed Jan 10-42

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

000  
17  
9

*My signature*

---

---

**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

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2220 St. Louis Ave*

**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.**