

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8232
2668

State File No.

Registrar's No.

FILED APR 13 1942

Registration District No. 7911

Primary Registration District No. 1003

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

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: **2622 Cole**
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution. **1**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **21 000**
(c) City or town. **St Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **2622 Cole St** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **CARDELIA AYERS**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **20** year **42** hour _____ minute **8 57** M. A.
21. I hereby certify that I attended the deceased from **Oct 41 to March 19 42**
that I last saw him **for** alive on **7th March 19 42**
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex **Female** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife **John Nicholson** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased. **12 16 71**
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Joplin Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **ret**

11. Industry or business _____

12. Name **John Nicholson**

13. Birthplace **Joplin Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Nicholson**

15. Birthplace **Joplin Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Nicholson**

(b) Address **2622 Cole St**

17. (a) _____ (b) Date thereof **3-25-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem**

18. (a) Signature of funeral director **W. F. Walton**

(b) Address **2707 Stoddard St**

19. (a) **APR 25 1942** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

Due to **Heart illness**

Due to **Arteriosclerosis**

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

Major findings: Of operations _____
Of autopsy **117**

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 **W. F. Walton** (M. D. or other) _____
Address **10057 Lippertwell** Date signed _____

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649th Delmar Be

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.