

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

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.

FILED APR 8 1942 791

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County Washington

(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: 4420 Cort Boulevard  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 52 years \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME EMMA Hill

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Ed. Nichols 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 2 13 1862  
(Month) (Day) (Year)

8. AGE: Years 80 Months \_\_\_\_\_ Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace resent Hill mo  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

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

MOTHER FATHER

12. Name Frank Birchol

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

14. Maiden name Sophia Pinkerton

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

16. (a) Informant's own signature J. Marshall

(b) Address 4420 Cort Boulevard

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director Metropolitan

(b) Address 3295 Jackson

19. (a) MIAR 7 1942 (b) J. P. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St Louis (b) County St Louis

(c) City or town St Louis mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 4420 Cathedral  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 48 180 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day March  
year 1942 hour 6 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1862, 19\_\_\_\_, to 3-15-42, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Chromocystoma Duration \_\_\_\_\_

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

Due to Indirect metastasis

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

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

Of autopsy 1316

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)

Means of injury \_\_\_\_\_

23. Signature Thos H Keyser (M. D. or other) \_\_\_\_\_  
Address 25112 Calvert Date signed \_\_\_\_\_

JAN 29 1953

**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, \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Char. L. Howell

Licensed Embalmer No. 2452

P. O. Address 3028 Dickson

**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.**