

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 1 1942  
Registration District No. 784

Primary Registration District No. 2nd

Registrar's No. 580

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Veterans Administration Facility 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Adm. 2/24/42.  
(Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00.

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

(d) Street No. 3818 Shenandoah.  
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME William M. Nicholls

3. (b) If veteran, name war World War 1918 No. yes - not  
remembered

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th.  
year 1942 hour 6:10 minute \_\_\_\_\_ p. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Marguerite (c) Age of husband or wife if alive 41 years

7. Birth date of deceased. February 8, 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 24, 1942, to March 12, 1942  
that I last saw him alive on March 12, 1942  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>1</u>	<u>4</u>	hr. _____ min.

Immediate cause of death Cancer of floor of mouth with cervical metastases and ulceration.

Due to 18 mos.

9. Birthplace Blackshear, Georgia  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Salesman

Due to -

Other conditions none.  
(Include pregnancy within 3 months of death)

11. Industry or business -

MOTHER FATHER { 12. Name John Calhoun

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

14. Maiden name Ida Acosta

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

Major findings: -

Of operations -

Of autopsy No autopsy.

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof Mar 16, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation natl Cem Jefferson Barracks

18. (a) Signature of funeral director John J. R. West

(b) Address 1905 S Grand Blvd

19. (a) MAR 14 1942 (b) E. M. McElroy  
(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) NO

(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

Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer. Date signed 3/13/42

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

96

98

MAR 31 1942

**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..... *Howard Rowland*  
Licensed Embalmer No. *3114*  
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, fact should be so stated above.**