S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39141

FILED JAN 4 1943

Registration District No. 318

Primary Registration District No.

Registrar's No. 94

1. PLACE OF DEATH:

(a) ~~County~~ City of St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Desloge Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Ten years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1606 Picker
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jemima Anna Nichols

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F.

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife John S. Nichols

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 15, 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Springfield, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Sawyers
13. Birthplace St. Joseph, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Evergreen Walker
15. Birthplace Independence, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Nichols
(b) Address 2002 Dolman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director C. Hoffmann U. & I. Co.
(b) Address 6464 Chippewa

19. (a) JAN 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1943 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 26 – 1942 to Jan 4 1943
that I last saw her alive on Jan 3 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Cerebral Hemorrhage	3 weeks
Due to Hypertensive Vasc Dis	3 yrs?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
Of autopsy As Above	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. A. Kinsella (M. D. or other)
Address 3720 Washington Date signed 1/5/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ralph Kinsella
3720 Washington
Je.5100

2:30 pm Tues.

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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 781408 Bakery

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.