

FILED JUN 19 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5153

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4mo, 26days.  
(Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 317 Clark Avenue  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country American

3. (a) PRINT FULL NAME Mike Nick.

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

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

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

7. Birth date of deceased X X 1871  
(Month) (Day) (Year)

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

9. Birthplace Unknown Greece  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business None

12. Name Ness Nick.

13. Birthplace ??? 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary ???

15. Birthplace ??? 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Lennie Green

(b) Address 5806 Arsenal

17. (a) Burial (b) Date thereof 6/4/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 11 1943 (b) J. F. Bredick  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd  
year 1943. hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from April 1 1943 to June 2 1943  
that I last saw him alive on June 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of pancreas ? with liver metastases

Due to Cirrhosis of liver

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy As above also cholelithiasis

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 J. F. Bredick (M. D. or other) MD  
Address City Infirmary Date signed 6/2/43

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

MOTHER FATHER

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**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.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

**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.**