

29377

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

ED SEP 4 1943  
Registration District No. 19377

Primary Registration District No. 3068

Registrar's No. 1988

1. PLACE OF DEATH: St Louis

(a) County St Louis

(b) City or town Maplewood Mo.

(c) Name of hospital or institution: Maplewood Nursing Home 4

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

In this community \_\_\_\_\_ (year, months or days)

3. (a) PRINT FULL NAME Rufus Lycures Nicks

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Fannie

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

7. Birth date of deceased August 26 1880

(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 5

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Goodrich Tenn. /

(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Xenia, Ill.

12. Name Augustus Nicks

13. Birthplace Tenn. /

(City, town, or county) (State or foreign country)

14. Maiden name Henriette

15. Birthplace Pennsylvania

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address East St. Louis, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1943

(Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address East St. Louis, Ill

19. (a) SEP 2 - 1943 (Date received local registrar) (b) E. G. Mc Gowan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town East St. Louis

(If outside city or town limits, write "RURAL")

(d) Street No. 1415 N. 42nd Str.

(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 31 day

year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug. 21, 1943

\_\_\_\_\_ 19, to Aug. 30, 1943, 19 \_\_\_\_\_;

that I last saw him alive on Aug. 30, 1943, 19 \_\_\_\_\_;

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

Immediate cause of death Chronic myocardial degeneration

Due to Arteriosclerosis

Senility

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

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(a) Means of injury \_\_\_\_\_

23. Signature Wright L. Jennings M.D. (M. D. or other)

Address 4660 Maryland Date signed 9-1-43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

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.

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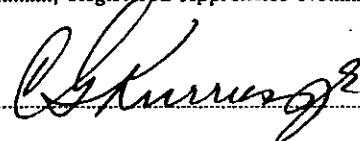
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 3162

P. O. Address East St Louis Ill

**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.**