No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 771

FILED JAN 12 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 16

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence-7042 Forsythe Blv'd., (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Clayton (If outside city or town limits, write "RURAL") SNR
(d) Street No. 7042 Forsythe Blv'd., (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ETHEL GRAY NICHOLS
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dr. Adrian D. Nichols
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased February (Month) 22 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
70	10	9	hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
12. FATHER Name William Gray
13. FATHER Birthplace Ridgley (City, town, or county) Tennessee (State or foreign country)
14. MOTHER Maiden name Caroline McCluer
15. MOTHER Birthplace Ridgley (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Mrs. Florence Cuthbert
(b) Address 7042 Forsythe Blv'd.,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis
19. (a) JAN 3 1944 (Date received local registrar) (b) J. F. Bruecken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1944 hour 9:45 minute A M.
21. I hereby certify that I attended the deceased from Dec 31, 1943 to Jan 1, 1944 that I last saw him alive on Dec 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart failure (auto poisoning of uremia)	1 hr
Due to Degenerative heart disease	6 mos
Due to Influenza	1 week
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Alvin Adler (M. D. or other)
Address 4952 Maryland Date signed 1-3-44

844

(Licensed Embalmer's Statement on Reverse Side)

Dr. Oliver Abel, Jr.
4952 Maryland Avenue
FO-8844

9:30 to 12 a.m.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

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.