

FILED JAN 12 1944

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: PARK LANE HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 DAYS (Specify whether
 In this community FOUR DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State MO. (b) County 12
 (c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 919
 (d) Street No. 354 A. N. BOYLE AVE. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME MABEL FERN NICHOLS
 3. (b) If veteran, name war No.
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JAN. day 3
 year 1944 hour 10 minute P. M.
 21. I hereby certify that I attended the deceased from Jan. 1
 or 19.44 to Jan. 3 19.44
 that I last saw him alive on Jan. 3 19.44
 and that death occurred on the date and hour stated above.

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ELBERT A. NICHOLS
 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased MAY 14 1906
 (Month) (Day) (Year)

Immediate cause of death

8. AGE: Years Months Days If less than one day
 37 7 19 hr. min.

Pertonsillor abscess
 Cause unknown

9. Birthplace DONT KNOW MISSOURI
 (City, town, or county) (State or foreign country)

Due to

10. Usual occupation AT HOME

Due to

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)
 115-2

MOTHER FATHER
 12. Name ROBERT L. WATSON
 13. Birthplace DONT KNOW MO. 0
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

14. Maiden name ROSE K. HUDNELL
 15. Birthplace DONT KNOW MISSOURI
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy

16. (a) Informant ELBERTA NICHOLS
 (b) Address 354 A. N. BOYLE AVE.

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?

17. (a) REMOVAL (Burial, cremation, or removal)
 (b) Date thereof 1-4-43 (Month) (Day) (Year)
 (c) Place: burial or cremation COLUMBIA MO.

While at work? (Specify type of work) (Specify means of injury)

18. (a) Signature of funeral director Arthur J. Donnell
 (b) Address 3840 Lindell Blvd.
 JAN 4 1944 J. F. Budnich

23. Signature 4930 Lindell (M. D. or other) Jan, 4
 Address Date signed

19. (a) (Date received local registrar)
 (Registrar's signature)

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.