No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 774

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 601

1. PLACE OF DEATH:

(a) County
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 72 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town City of St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 5021 Tennessee
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elise Nickolaus

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Fred Nickolaus
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 6, (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	11	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

FATHER
12. Name August Held
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Christine Loos
15. Birthplace (City, town, or county) Illinoise (State or foreign country)

16. (a) Informant Mrs Gertrude Price
(b) Address 5021 Tennessee
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand
19. (a) JAN 20 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1944 hour 11:00 minute a M.

21. I hereby certify that I attended the deceased from Jan 14, 1944, to Jan. 17, 1944
that I last saw her alive on 1/17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	3 days
Due to	
Due to Arterio-Sclerosis	2
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations none	
Of autopsy non	

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) no
(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 Julius Chas Kotter 0 (M. D. or other) M. D.
Address 2603 Cherokee St. Date signed 1.18.44

(Licensed Embalmer's Statement on Reverse Side)

Dr Julius Rahn
2600 A Cherokee

Cherokee

Burial 5 P.M. Tuesday

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.