

FILED FEB 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1078

780

Registration District No. 378

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5007a Delmar  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Martin ~~Nickols~~ Nickolls (Nuckles)

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 489-16-4410

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: November (Month) (Day) (Year)

8. AGE: abt Years 53 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Stock room clerk

11. Industry or business: Famous Barr Co.

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Edwards

(b) Address: Delmar

17. (a) Burialion (Burial, cremation, or removal) (b) Date thereof: 2/5/44 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Edith E. Ambruster

(b) Address: 4234 Manchester

19. (a) FEB 3 1944 (Date received local registrar) (b) J. J. Brodeur (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 16th, 1944, to January 31st, 1944, that I last saw him alive on January 31st, 1944, and that death occurred on the date and hour stated above

Immediate cause of death: Cyclophosphites and Chemia non calculea

Due to: Benign Hypertrophic

Due to: 137

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: None  
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) None  
(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?

23. Signature: Red Mad (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address: 1515 Lafayette Date signed: 2/3/44

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

MOTHER-FATHER

**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..... *Florry Eynick*.....

Licensed Embalmer No. *1284*.....

P. O. Address *So. 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.**