

FILED JUN 9 1944 318

Registration District No. **9 1944** Primary Registration District No. **1003**

Registrar's No. **4982**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6818 Wyatt Avenue.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6818 Wyatt Ave
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Sallie Nicholas,
 3. (b) If veteran, name war No. 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29
 year 1944 hour 9 minutes 30 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
 6. (b) Name of husband or wife John C. Nicholas 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Jan. 8, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 28 1944 to May 29 1944 that I last saw her alive on May 28 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 4 Days 21 If less than one day
hr. min.

Immediate cause of death Chronic Pulmonary
 Due to.....
 Due to.....

9. Birthplace Calhoun County, Ill.
(City, town, or county) (State or foreign country)

Other conditions 9/2
(Include pregnancy within 3 months of death)

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER
 12. Name Amos Powell,
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Wilson,
 15. Birthplace Illinois.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jos. Venable,
 (b) Address 6818 Wyatt 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 5/31/44
(Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hill, Ill.

18. (a) Signature of funeral director Robert J. Ambruster
 (b) Address Clayton Rd. at Concordia Lane

23. Signature M. E. Smith (M. D. or other) 1
 Address 4300a Manchester Ave. Date signed 5/30/44

19. (a) MAY 31 1944 (Date received local registrar) J. F. Burdick (Registrar's signature)

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. 1994

P. O. Address.....

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.