

FILED MAY 20 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

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: City Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 yrs. 4 mos. 11 ds
(Specify whether
 In this community 22 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17/3
(If outside city or town limits, write "RURAL")
 (d) Street No. 4000 N. Webster
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country O.

3. (a) PRINT FULL NAME THOMAS NICHOLS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced mar.

6. (b) Name of husband or wife Pauline Nichols 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 11 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 0 _____ hr. _____ min.

9. Birthplace Kirkman Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business Restaurant

12. Name unknown

13. Birthplace Greece 6
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Greece 6
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Singler
 (b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 5-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
 18. (a) Signature of funeral director Street-Carroll
 (b) Address 1313 Natural Bridge
St. Louis, Mo. 64113
 19. (a) 5/17/44 (b) J. F. Beckett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
 year 1944 hour 11.20 minute p.m. M.

21. I hereby certify that I attended the deceased from July 1st, 1943, to May 11, 1944;
 that I last saw him alive on May 11, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Lobar Pneumonia 5ds.

Due to _____
 Due to _____

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 _____
 Signature Wm. G. Lewis (M.D. or other) M.D.
 Address 5400 Arsenal Date signed 5/17/44

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 *Frank H. [Signature]*

Licensed Embalmer No. 2265

P. O. Address 4609 1st Bridge

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.