

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36250
Registrar's No. 9477

Registration District No. _____
Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution FIRMEN DESLOGE HOSP
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME Nichols, Marie
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RAYMOND 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG 1 1906

8. AGE: Years 38 Months 3 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace KIRKVILLE MO

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name FRED T. BORDEN
13. Birthplace POPLAR BLUFF MO.
14. Maiden name MATTIE BLEPSOE
15. Birthplace EDINA MO

16. (a) Informant MRS MATTIE BORDEN
(b) Address BALLWIN MO.

17. (a) BURIAL (b) Date thereof 11-11-1944
(c) Place: burial or cremation SALEM CEM BALLWIN

18. (a) Signature of funeral director SCHRAMER FUNERAL
(b) Home BALLWIN MO.

19. (a) NOV 8 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 1
(c) City or town KIRKVILLE
(d) Street No. ROUTE No 12
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th
year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from October 25th
1944 to November 8 1944;
that I last saw her alive on November 8th 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis - generalized
Due to Ca of Breast
Due to _____

Other conditions hydrothorax (right) 2000
(Include pregnancy within 3 months of death)

Major findings: Ca of Breast
Of operations _____
Of autopsy generalized carcinomatosis

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
23. Signature [Signature] Date signed 11/8/44
_____ (Specify type of place) (M. D. or other)

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

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NR

5 mos

Underline the cause to which death should be charged statistically.

Desloge Hosp

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

Howard J. Rowland

Licensed Embalmer No.

32114

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.