

**FILED DEC 5 1944**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **9895**

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:  
**#8 Kingsbury Place,**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community **Life time,**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wash 17**

(c) City or town **St. Louis,** **9 12**  
(If outside city or town limits, write "RURAL")

(d) Street No. **#8 Kingsbury Place,**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mathilde S. Nicolaus,**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Henry Nicolaus,**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 21, 1867**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**77 0 29** hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Missouri. (1)**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Herman Steinwender,**

13. Birthplace **Germany, 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Scheller,**

15. Birthplace **St. Louis, Missouri. (1)**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. T. Stanard,**

(b) Address **#8 Kingsbury Place,**

17. (a) **Burial** (b) Date thereof **11/22/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **Wagoner Mortuary**

(b) Address **4161 Lindell Blvd.**

19. (a) **NOV 21 1944** (Date received local registrar)

**J. Z. Bredbeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **20**  
year **1944** hour **6** minute **40 p. M.**

21. I hereby certify that I attended the deceased from **Oct 18**  
**1935** to **Nov 20** 19 **44**  
that I last saw her alive on **Nov 4** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**  
Duration **1 hr.**

Due to **arteriosclerosis** ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **PH**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury **0**

23. Signature **Samuel B. Grant** (M. D. certifying)  
Address **114 N. Taylor** Date signed **11/21/44**

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

FEB 27 1940

**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

*Melvin S. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *4005 Lexington*

**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.**