

Registration District No. **39744**

Primary Registration District No. **6076**

Registrar's No. **2289**

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Robert Koch Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs 4 Mo 23 da
(Specify whether)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Blanche Nicholas

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-22-4243

4. Sex F 5. Color or race W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 26 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>0</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Pawnee City Neb 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Nicholas

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mercer

15. Birthplace Wyauat Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hospital Record

(b) Address _____

17. (a) **Removal** (b) Date thereof 11-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keokuk, Iowa

18. (a) Signature of funeral director Fred M. Williams
4535 Washington Blvd.

(b) Address _____

19. (a) NOV 9 1944 (b) B. S. Mallan
(Date of medical examination) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 090
 (c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 4535 Washington 9
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7
 year 1944 hour 3 minute _____ P.M.

21. I hereby certify that I attended the deceased from 6-16 1942 to 11-7 1944;
 that I last saw h. p. alive on 11-7 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis 7-8 years
Duration

Due to _____

Due to _____ 13 1/2

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? _____

While at work? Y (Specify type of place) _____

(c) Means of injury 0

Signature Paul Murphy (M. D. or other) _____
 Address Koch 140 Date signed 11-8-44

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

96
00

W. Williams

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 *Albert G. Shapp*

Licensed Embalmer No. *2971*

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.