S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11613

FILED MAY 12 1945

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No. 4035

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 Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5211 Wabada Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Mary Nicholson
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec., 18, 1884 (Month) (Day) (Year)

8. AGE: Years 60 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name John Nicholson
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bridget King
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant John Nicholson
(b) Address 5211 Wabada Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/45 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Calvary Cemetery
18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge
19. (a) MAY 7 1945 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1945 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 17, 1945, to May 6, 1945; that I last saw her alive on May 6, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung — Duration 5-10 mos.
c̄ cerebral metastasis
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

23. Signature F. R. Bradley (M. D. ~~or other~~)
Address Barnes Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Ben E Hoffman

Licensed Embalmer No. 4366

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.