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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19071

State File No.

FILED JUL 14 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5465

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 11 yrs 4mos 26ds. (Specify whether
In this community 24 years
years, months or days)

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. ~~1211 N. 11th~~ St
(Rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MAMIE NICHOLS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race Negress

6. (a) Single, widowed, married, divorced Sep.

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 6 (Day) 1886 (Year)

8. AGE: Years 58 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business ---

FATHER
12. Name Pete Nichols
13. Birthplace Memphis (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mollie
15. Birthplace not known (City, town, or county) (State or foreign country)

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. H. Harrison Und Co
(b) Address 2906 Lawton ave

19. (a) JUN 23 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1945 hour 6:35 P.M. minute M.

21. I hereby certify that I attended the deceased from July 7, 44, to June 11, 1945
that I last saw her alive on June 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mesenteric Thrombosis	8 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

99.1

Major findings:
Of operations
Of autopsy Yes.

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 L. Kerschbaumer M.D. (M. D. or other)
Address 5300 Arsenal 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 James A. L. Zimmer

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.