V. S. No. 2
00M—2-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1945

State File No. 22370

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5954

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County
(c) City or town St. Louis, 17 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1436 Blair 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Nichols
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband or wife Amelia Nichols
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 8 (Month) 1 (Day) 1880 (Year)

8. AGE: Years ~~68~~ 64 Months 11 Days ~~17~~ 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Miss! (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name George Nichols
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Miss! (State or foreign country)
16. (a) Informant Viola Coker
(b) Address 4283 Cote Brilliant
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Herman Smith
(b) Address 4247 Labadie Ave.
19. (a) JUL 9 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4, year 1945 hour 2 minute 25 A. M.
21. I hereby certify that I attended the deceased from June 28, 1945 to July 4, 1945; that I last saw him alive on July 4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right Lobar Pneumonia (autopsy)	1 week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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 R. Lisdale (M. D. or other)
Address 2601 Whittier Date signed 7/6/45

(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.....

Licensed Embalmer No. 35-22

P. O. Address 3704 [illegible]

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.