

BUREAU OF VITAL STATISTICS
FILED MAY 6 1946

STANDARD CERTIFICATE OF DEATH

State File No. **14399**

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **942**

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PINE CREST HOMES 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2/17/46 -
(Specify whether
In this community 4/27/46
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis **17**
(If outside city or town limits, write "RURAL")
(d) Street No. 3211 Osage St. **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NICHOLSON MINNIE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John C. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 21 1869
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

12. Name Anderson Fred Nicht

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

14. Maiden name Anderson Mary Darr

15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Frank Nicholson
(b) Address 3211 Osage

17. (a) Burial (b) Date thereof 4/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marys

18. (a) Signature of funeral director Wacker - Heldule
(b) Address 3634 Hayes Ave.

19. (a) 4-30-46 (b) L. M. S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1946 hour 8: minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb 1 1946 to April 27 1946
that I last saw her alive on April 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocard
Senility Duration _____

Due to generalized arteriosclerosis

Due to 930

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? _____ (Specify type of place) (c) Means of injury _____

23. Signature G. J. Muller M.D. (M. D. or other) _____
Address 3007 Potomac Date signed 4-28-46

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

MOTHER FATHER

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.....

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.