V. S. No. 2
100M—5443
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15059

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3508

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

13959

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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 5 da. (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 911 Lafayette Avenue 9 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William S. Nichols

3. (b) If veteran, name war no -

3. (c) Social Security No. no

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Angie

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

7. Birth date of deceased May (Month) 6 (Day) 1866 (Year)

8. AGE: Years 79 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Ashland (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation laborer

11. Industry or business Retired

FATHER
12. Name William Nichols 0
13. Birthplace Ashland (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant George B. Nichols
(b) Address 911 Lafayette Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) APR 16 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1946 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left femur, complicating. While he slept he got out of bed and fell to the floor at his home on March 2nd 1946 about 9:00 O'Clock A.M.

Duration

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) accident
(b) Date of occurrence Month 3 1946 0000
(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? home
(Specify type of place)
While at work? (e) Means of injury fall down

23. Signature Patrick E. Taylor D.O. (M. D. or other)
Address 1300 Clark Date signed 4-16-46

(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.....A. W. Cooper.....

Licensed Embalmer No.....3830.....

P. O. Address.....2301 Lafayette Ave.....

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.