

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 13 1946 STANDARD CERTIFICATE OF DEATH

18756
State File No.
4910
Registrar's No.

Registration District No. 218

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital; Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution 58 Years (Specify whether years, months or days)
In this community 58 Years

3. (a) PRINT FULL NAME ALBERT NICHOLS

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex M () 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Parry Nichols
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May 25- 1888 (Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Krenning Gro. Co

12. Name Albert Nichols

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

14. Maiden name Mattie Johnson

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

16. (a) Informant Mrs Parry Nichols

(b) Address 3701 N. 25th St

17. (a) Burial, cremation, or removal (b) Date thereof 6-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director H. Linder H. Co

(b) Address 1223 St. Louis Mo

19. JUN 2 1946 (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3701 N. 25th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1946 hour 9:25 minute A M.

21. I hereby certify that I attended the deceased from 5/22/46
to 5/30/46
that I last saw him alive on 5/30/46
and that death occurred on the date and hour stated above.

Immediate cause of death: RESPIRATORY FAILURE

Due to PULMONARY TUMOR
BILATERAL BRONCHOGENIC CARCINOMA
Metastases to liver, spleen and lymph nodes

Other conditions: HERNIA, INGUINAL, BILATERAL, REDUCABLE

Major findings: Of operations

Of autopsy

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 plane)

(e) Means of injury

23. Signature Albert Nichols

1515 Lafayette 5/31/46

Date signed

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

17634

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.