

No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

22055

State File No. _____
Registrar's No. **5541**

Registration District No. _____ Primary Registration District No. _____

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether _____)
In this community _____
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. **2644 Spruce Street**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT **EVELYN NICHOLS**
FULL NAME
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **19th**
year **1946** hour **5:10** minute **P.** M.

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John Nichols**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **November 24, 1903**
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
42 **0** **15** **4**
hr. _____ min. _____

Immediate cause of death **Pulmonary Embolism;** Duration _____
(Cyclo-Propane Anesthesia); following an operation for strangulated
Due to **abdominal hernia at Homer G. Phillips Hospital on June 19th, 1946,**
Due to **about 5:10 P.M.**

9. Birthplace **Savannah** **Tenn.**
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Maid**

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **Louis Willis**
13. Birthplace **Selma, Ala.**
(City, town, or county) (State or foreign country)
14. Maiden name **Eliza Akins**
15. Birthplace **Decatur County, Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gertrude Gordon**
(b) Address **2644 Spruce St.**
17. (a) **Burial** (b) Date thereof **6-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oakdale Cemetery**

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? _____

18. (a) Signature of funeral director **E. B. Boone**
(b) Address **1221 N. Grand Blvd.**
19. (a) **JUN 22 1946** **J. J. Medick**
(Date received local registrar) (Registrar's signature)

White at work? _____ (Specify type of place)
Means of injury **3**
23. Signature **Patrick E. Taylor** (M. D. or other) _____
Address _____ Date signed **6/21/46**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2092A

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 *Theodore Spandell*

- Licensed Embalmer No. *4243*

P. O. Address *927 N. Elm Ave
Muskogee Okla 74401*

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.