

No. 2
1-5-43
5-17-39
1 X36671

#46030
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25569

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6024

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)
(d) Length of stay: In hospital or institution: 1mo-26 days
(Specify whether
In this community years, months or days) 0

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. City Infirmery
Memorial (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME HENRY NICOLAY
(b) If veteran, name war Unk
(c) Social Security No. Unk

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30th
year 1946 hour 2:10 minute A M.
21. I hereby certify that I attended the deceased from 5.4.46
to June 30th, 1946
that I last saw him alive on June 30th, 1946
and that death occurred on the date and hour stated above.

4. Sex male 0
5. Color or race white
6. (g) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Unk
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: December 6th, 1868
(Month) (Day) (Year)

Immediate cause of death
Heart failure - cardiac decompensation
Due to Ben. arteriosclerosis
Duration
Physician

8. AGE: Years 77? Months 6 Days 24
If less than one day hr. min.

Other conditions (include pregnancy within 3 months of death)
Senile Psychosis
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation unknown

MOTHER FATHER
11. Industry or business
12. Name Henry Nicolay
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Theresa Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital
17. (a) Burial (b) Date thereof 7-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park 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 Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 8 1946 J. F. Pradeck
(Date local registrar) (Registrar's signature)

While at work? (Specify type of place) (2) Means of Injury
Signature E. J. Carson, M.D. 1515 Lafayette 7/1/46
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
24413

JUL 29 1946

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 *Henry M. Brammer*
Licensed Embalmer No. *4200*

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.