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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34850

State File No. 0

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. 3024

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 7-21-45 (Specify whether
In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town St. James 3
(If outside city or town limits, write "RURAL")

(d) Street No. St. James Soldier's Home 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME NICHOLS, James Stanley

3. (b) If veteran, name war World I

3. (c) Social Security No. Unk.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 3

6. (b) Name of husband or wife

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

7. Birth date of deceased July 13, 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	27	hr. min.

9. Birthplace Potosi, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Registrar, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 10-14-46 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1946 hour 12:25 minute P.M.

21. I hereby certify that I attended the deceased from July 7, 1946, to October 10, 1946
that I last saw him alive on October 10, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC EMPYEMA of RIGHT CHEST (non TBC)	UNK
Due to 11a	
Due to	
Other conditions MALNUTRITION SECONDARY (Include pregnancy within 3 months of death)	

Major findings:
Of operations No Operation
Of autopsy No 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) No
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 10-10-46

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1946

OCT 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 John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.