

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 11337
Registrar's No. 2692

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(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 Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-months
(Specify whether _____)

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. 3225 Florissant
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUTH NICHOLS
3. (b) If veteran, name war ---
3. (c) Social Security No. ---

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Nicholas Unknown
6. (c) Age of husband or wife if alive Age 1887
7. Birth date of deceased June 5th, 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Charles Kelly
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Alice O'Neill
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeane
(b) Address 3225 N. Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof 3-15-47
(Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 14 1947 (Date received local registrar)
J. F. Brennan (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13th
year 1947 hour 11:00 minute A M.
21. I hereby certify that I attended the deceased from 1/20/47
19____, to 3/13/47, 19____;
that I last saw her alive on 3/13/47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Pulmonary Tuberculosis for advanced
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) _____
(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?
Signature Waverly Lewis (Specify type of physician) _____
Address 1415 Lafayette (M.D.) _____
Date signed _____

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

MOTHER, FATHER

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.