

FILED JUN 13 1947 318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

5407

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:
2644 Spruce st 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... 15 years
years, months or days)

3. (a) PRINT FULL NAME Easter Nichols
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex F 3 5. Color or race Col
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.
(Month) (Day) (Year) 1897

8. AGE: Years Months Days If less than one day
About 60 hr. min.

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

10. Usual occupation House work

11. Industry or business.....

MOTHER FATHER { 12. Name Arthur Price
 13. Birthplace Miss
(City, town, or county) (State or foreign country)
 14. Maiden name Adline Williams
 15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Leola Gordon
 (b) Address 2644 Spruce st

17. (a) Burial (b) Date thereof June 2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lawton Blvd

19. (a) JUN 13 1947 (b) J. P. Brede
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gas
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2644 Spruce st
22 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 28
 year 47 hour 12 noon minute..... M.
 21. I hereby certify that I attended the deceased from 5/27/47
27 1947 to 5/28/47 1947
 that I last saw her alive on 5/27 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Duration

Due to Cardiac Failure

Due to Robt's Pneumonia

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

Major findings: 108
 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: no

(a) Accident, suicide, or homicide (specify)..... no

(b) Date of occurrence..... no

(c) Where did injury occur? no St. Louis no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? no (Specify type of place) (e) Means of injury no !

23. Signature J. P. Brede (M. D. or other)
 Address 1048 N. Vandeventer Date signed 5/29/47

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

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.....

Clark Young

Licensed Embalmer No.....

3371

P. O. Address.....

St. James

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.