S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22532

FILED JUN 30 1947

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 5928

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town Tuscumbia
(If outside city or town limits, write "RURAL")
(d) Street No. NR (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Theodore Nichols
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosa Nichols
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May (Month) 4 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
62	0	13	hr. min.

9. Birthplace Tuscumbia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Grocer
11. Industry or business
MOTHER FATHER
12. Name Theodore Nichols
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Heuenstein
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Rosa Nichols
(b) Address Tuscumbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 18 1947 (Date received local registrar) (b) J. J. Brasch (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17 year 1947 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 12 1947 to June 17, 1947 that I last saw him alive on June 17 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of the liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature HARRY A. KLEIN, M.D. (M. D. or other) M.D.
Address 5074 N. Union 5074 N. Union Blvd. Date signed 6-18-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Louis 15, Mo.

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

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.