S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40021

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10530

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 3727 N. 25th Street
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3727 N. 25th Street 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 20
If yes, name country

3. (a) PRINT FULL NAME James T. Nicholson

3. (b) If veteran, name war None

3. (c) Social Security No. 702-12-5607

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 4 (Day) 1872 (Year)

8. AGE: Years 75 | Months 6 | Days 10 | If less than one day ... hr. ... min.

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

10. Usual occupation Mail Handler

11. Industry or business Retired

FATHER
12. Name George Nicholson
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Mackey
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Nicholson
(b) Address 3727 N. 25th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) NOV 15 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1947 hour 4 minute 11 A.M.

21. I hereby certify that I attended the deceased from Sep. 7 1947 to Nov. 14 1947 that I last saw him alive on Nov. 13 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General arteriosclerosis	
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 Henry C. Nesterman (M. D. or other) MD
Address 2136 East Grand Date signed 11-14-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Heeterman
2136 E. Grand

Mail

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 Albert Mayfield

Licensed Embalmer No. 3077

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.