

FILED FEB 20 1948  
318

Registration District No. **318** Primary Registration District No. **1003**

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 **4 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **907 Harlan Ave**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Stephen C. Nikola**

3. (b) If veteran, name war **World # 1**

3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Pearl** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **July 28 1896**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>51</b>	<b>6</b>	<b>8</b>	hr. min.

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

10. Usual occupation **Inspector**

11. Industry or business **Rubberoid Co.**

12. Name **Carl Nikola**

13. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Hildebrandt**

15. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl M. Nikola**

(b) Address **907 Harlan Ave**

17. (a) **Burial** (b) Date thereof **2-9-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son, Inc.**

(b) Address **2161 E. Fair Ave**

19. (a) **FEB 7 1948** (b) **J. T. Brebeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **6**  
year **1948** hour **4** minute **15** a.m.

21. I hereby certify that I attended the deceased from **Jan 25**  
....., 19**48** to **Feb 5**, 19**48**  
that I last saw **him** alive on **Feb 5**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Stenosis**  
Duration **1 yr.**

Due to **1/2 hr**

Other conditions **Chorea of L. Ventr. 5 yrs**  
(Include pregnancy within 3 months of death)

Major findings: **Cholelithiasis**

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 **0**

23. Signature **J. P. Thomas, M.D.** (M. D. or other)  
Address **5209 N. Broadway** Date signed **2/6/48**

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

MOTHER FATHER

APR 8 1948

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo.

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.