FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34518

Registrar's No. 88718

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 330 Clayton Ave ~~Hospital of Protestant~~ 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shanon 10
(c) City or town Eminence (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
NR.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Henry Nichols
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ella Nichols
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug (Month) 18 (Day) 1872 (Year)

8. AGE: Years 76 Months 1 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Shanon Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name Thomas Nichols
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant F. E. Nichols
(b) Address Van Buren Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Van Buren Mo
18. (a) Signature of funeral director Rowland Mort. Service
(b) Address 4104 Manchester Ave
19. (a) OCT 7 1948 (Date received local registrar) (b) J. B. Sasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1948 hour 6:02 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Coronary Sclerosis
Due to 94
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 F. E. Lay N (M. D. or other)
Address 300 Clark Date signed 1948

Jefferson City Printing Co. OCT 7 1948

(Licensed Embalmer's Statement on Reverse Side)

~~6428~~

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 Ronald Hahnke

Licensed Embalmer No. 3917

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.