

FILED MAR 8. 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6968**

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3063</b>		Registrar's No. <b>461</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, write RURAL and give town) <b>Clayton</b> c. LENGTH OF STAY (in this place) <b>2 mos.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b> d. STREET ADDRESS (If rural, give location) <b>9212-Arline Avenue</b>			
3. NAME OF DECEASED a. (First) <b>Josiah</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Nichols</b>			4. DATE OF DEATH <b>Feb. 19, 1950</b>		5. SEX <b>Male</b>		
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 13, 1870</b>		9. AGE (In years last birthday) <b>79</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>various jobs</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Nichols</b>			13b. MOTHER'S MAIDEN NAME <b>Mary E. Ward</b>		14. NAME OF HUSBAND OR WIFE <b>Florence E. Nichols</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Florence E. Nichols</b> ADDRESS <b>9212-Arline Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>atelectasis of lung</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
19a. DATE OF OPERATION <b>2-10-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>adenocarcinoma of prostate gland</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-26-1950</b> , to <b>2-19-1950</b> , that I last saw the deceased alive on <b>2-19-1950</b> , and that death occurred at <b>7:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John F. Kracker, M.D.</b> (Degree or title)				23b. ADDRESS <b>601 So. Brentwood Blvd., Clayton, Mo.</b>		23c. DATE SIGNED <b>2-21-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-22-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Wellston, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 21 1950</b>		REGISTRAR'S SIGNATURE <b>Robert L. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. ...</b>		ADDRESS <b>2504 Woodson Rd., Overland, Mo.</b>	

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

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**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 3454

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.