

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10887**
2864
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 10- 6118 Berthold | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6118 Berthold | | | |

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|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) c. (Last) Nichols | | | 4. DATE OF DEATH (Month) (Day) (Year) March 24 1950 |
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|-------------------------|----------------------------------|--|---|--|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 10, 1884 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------------------|----------------------------------|--|---|--|---------------------------|-------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) New Jersey | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Jenkinson | 13b. MOTHER'S MAIDEN NAME Harriet M Lacey | 14. NAME OF HUSBAND OR WIFE Clare A. Nichols |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Clare A Nichols | ADDRESS 6118 Berthold |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 4/20/50 |
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| | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 **Wed 7-18-49** to **Mar. 24, 1950**, that I last saw the deceased alive on **Mar. 20, 1950**, and that death occurred at **6:30P** m., from the causes and on the date stated above.

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|---|-------------------|--------------------------------------|------------------------------------|
| 23a. SIGNATURE Donald E. Belknap MD | (Degree or title) | 23b. ADDRESS 3121 N. Grand | 23c. DATE SIGNED 3/25/50 |
|---|-------------------|--------------------------------------|------------------------------------|

| | | | |
|---|--------------------------------|---|--|
| 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar 27, 50 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus | 24d. LOCATION (City, town, or county) (State) St. Louis Mo |
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| DATE REC'D BY LOCAL REG. APR 27 1950 | REGISTRAR'S SIGNATURE J. B. Fusator | 25. FUNERAL DIRECTOR'S SIGNATURE E. J. SCHNUR | ADDRESS 3125 Lafayette |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4014

P. O. Address 325 Lafayette Ave

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.