

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18488
4606
Registrar's No.

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

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Stone Nursing Home.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **4373 West Pine Blvd.**

3. NAME OF DECEASED
a. (First) **David** b. (Middle) _____ c. (Last) **Nichols**
4. DATE OF DEATH (Month) (Day) (Year) **May 24, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Oct. 20, 1869** 9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 WKS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Physician** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Josephine**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Jessie Rouse, 5351 Delmar Blvd.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive C.V.R. Disease**
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 **4 mos**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **HH2X**

22. I hereby certify that I attended the deceased from **Dec. 24, 1949**, to **May 24, 1950**, that I last saw the deceased alive on **May 20, 1950**, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. Nakada, M.D., M.C.P.** 23b. ADDRESS **Humboldt Blvd** 23c. DATE SIGNED **5/24/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24b. DATE **25-24-50** 24c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory** 24d. LOCATION (City, town, or county) (State) **St. Louis, Co., Mo.**

DATE REC'D BY LOCAL REG. **MAY 24 1950** REGISTRAR'S SIGNATURE **J. B. Lasater** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe, 4700 Washington Blvd.**

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

APR 32 1952

APR 24 1952

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..... **No Embalm**

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.