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0.48

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42654**
Registrar's No. **9314**

318
5001

1003
816

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 22	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 1334 Forest Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle)	c. (Last) Nicolson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 1 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH Aug. 11 1861	9. AGE (In years last birthday) 89	# UNDER 1 YEAR 2	Days	# UNDER 18 Hrs. 20	Mis.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Builder	11. BIRTHPLACE (State or foreign country) Scotland	12. CITIZENSHIP OF WHAT COUNTRY? 4
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13a. FATHER'S NAME Magnus Nicolson	13b. MOTHER'S MAIDEN NAME Barbara Kay	14. NAME OF HUSBAND OR WIFE Elizabeth Nicolson
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Barbara Nicolson	ADDRESS 1334 Forest Ave Kirkwood Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Upper Respiratory Infection		
	DUE TO (c) Hypertrophic Prostate		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	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) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1 Fall 610X
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22. I hereby certify that I attended the deceased from **17 Dec, 1950**, to **31 Dec, 1950**, that I last saw the deceased alive on **31 Dec, 1950**, and that death occurred at **1:54 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Bowser M.D.	23b. ADDRESS 4500 Olive St	23c. DATE SIGNED 12/30/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 11/3/50	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE RECD BY LOCAL REG. 1950	REGISTRAR'S SIGNATURE J. B. Kasater	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfizinger	ADDRESS Kirkwood, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

10/10

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 John M. Meyer
Licensed Embalmer No. 3288

Signed.....
Student Embalmer

P. O. Address Kirkwood, 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.