No. 300
10-48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25070

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6631

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
c. LENGTH OF STAY (in this place): 23 day.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hospital Association

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St. Louis 8120

d. STREET ADDRESS (If rural, give location): 701 No 22nd St.

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) WILLINGTON c. (Last) NICHOLSON

4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 51

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 15 - 85
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SWITCH MAN
10b. KIND OF BUSINESS OR INDUSTRY: TRRA
11. BIRTHPLACE (State or foreign country): Lincoln Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mrs Mary Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): X
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth Wright - 721 N 22 E St Louis Ill
ADDRESS:

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio Vascular Disease — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 443X

22. *I hereby certify that I attended the deceased from* 7-2-, 1951, *to* 7-25, 1951, *that I last saw the deceased alive on* 7-25, 1951, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R B Hanson M.D.
23b. ADDRESS: 1755 So Broad St Louis
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-27-51
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): East St Louis Ill

DATE REC'D BY LOCAL REG.: JUL 25 1951
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Charles G. Kurrus
ADDRESS: East St Louis Ill

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles H. Burrows

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.