

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43212

State File No. _____

FILED JAN 16 1952

BIRTH NO. 88755-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11565

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>9129</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>2 HRS 40 MIN</u>		d. STREET ADDRESS (If rural, give location) <u>779 N. EUCLID AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS MATERNITY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) c. (Last) <u>NICHOLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-51</u>	
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5. SEX <u>FEMALE 3</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NO</u>	8. DATE OF BIRTH <u>12-17-51</u>	9. AGE (In years last birthday)	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) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CHAR NICHOLS, JR.</u>	13b. MOTHER'S MAIDEN NAME <u>JENNIE LOUISE BERRY</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CHAR & JENNIE NICHOLS</u>	ADDRESS <u>779 N. EUCLID AVE.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature separation of placenta, premature labor and delivery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs 40 min</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown - mother in good general condition</u>		
	DUE TO (c) <u>condition</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>12-17-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Delivery - Double footling breech presentation</u>	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) <u>9129</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 12:05A 12-17-1951, to 2:45A 12-17, 1951, that I last saw the deceased alive on 2:45A 12-17, 1951, and that death occurred at 2:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dorothy L. Rodgers, M.D.</u>	23b. ADDRESS <u>630 S. Kingshighway, St. Louis, Mo.</u>	23c. DATE SIGNED <u>12-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATED <u>DEC 28 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Commonwealth Board</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>DEC 28 1951</u>	REGISTRAR'S SIGNATURE <u>Paul Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Service</u>	ADDRESS <u>4108 Manchester</u>
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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.....

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.