

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40557

State File No. ....

318

1003

10289

FILED DEC 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois		b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		8120 <sub>g</sub>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS 1003 Sycamore			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Katie	b. (Middle) Mae	c. (Last) Nicholson	(Month) 11	(Day) 6	(Year) 52

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-1-1920	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Month	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Maybelle Co.		11. BIRTHPLACE (City and State or Foreign Country) Endoinal, Mississippi		12. CITIZENRY OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Albert Sims	13b. MOTHER'S MAIDEN NAME Mary Jane	14. NAME OF HUSBAND OR WIFE Rogers Nicholson
-----------------------------------	--	---

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 Roger Nicholson	ADDRESS 1003 Sycamore
--	-------------------------	--	--------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Left Ovary</i>		INTERVAL BETWEEN ONSET AND DEATH 2 mos
	ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Retro peritoneal lymphoma</i>		
	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 <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 175X
---	--	------------------------------------

22. I hereby certify that I attended the deceased from 1-15, 1952, to 11/6, 1952, that I last saw the deceased alive on 11/6, 1952, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>R. M. Nelson</i>	(Degree or title) MD	23b. ADDRESS 1321 N. 1st St. E. J. 2nd	23c. DATE SIGNED 11/11/52
---------------------------------------	-------------------------	---	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-8-52	24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery	24d. LOCATION (City, town, or county) (State) Meriden, Mississippi
--	----------------------	---	---

DATE REC'D BY LOCAL REG. 11-8-52	REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. T. Wash</i>	ADDRESS 3847 Page Blvd.
-------------------------------------	---	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

**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.