

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23059

FILED JUN 20 1953

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5416

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ST. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>		2169
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3428 Virginia Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u>		b. (Middle) <u>Christian</u>	c. (Last) <u>Nichols</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 16, 1900</u>	9. AGE (In years last birthday) <u>52</u>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Animal Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ST. Louis, Zoo</u>	11. BIRTHPLACE (State or foreign country) <u>ST. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CONRAD Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Mueller</u>		14. NAME OF HUSBAND OR WIFE <u>Eleanor Nichols</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred Brazil 7106 Rhodes Ave.</u>		
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.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			ANTECEDENT CAUSES		
DUE TO (b) <u>Bilateral Hydrathorax</u>			DUE TO (c) <u>Cardiac Hypertrophy</u>		
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 checked="" 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)		21f. HOW DID INJURY OCCUR? <u>4343</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"/>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:14 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Deceased or title) <u>Theodore Christian Nichols</u>			23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>6/1/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New ST. Marcus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>JUN 1 1953</u>		REGISTRAR'S SIGNATURE <u>J. Cash Smith MO. Emb. Co.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. H. G. 2929 S. Jefferson</u>	

(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

J. M. Davis

Licensed Embalmer No.

3741

P. O. Address

2929 So Jefferson

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.