

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5520

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5520</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2139</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5400 Arsenal St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMILY</b>		b. (Middle) _____		c. (Last) <b>NICHOLSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 2, 1953</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>married</b> (Specify)	8. DATE OF BIRTH <b>Nov. 26, 1886</b>		9. AGE (In years last birthday) <b>66</b>	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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Edward Shirley</b>			13b. MOTHER'S MAIDEN NAME <b>Josephine Goldstein</b>		14. NAME OF HUSBAND OR WIFE <b>George Nicholson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. George Nicholson - 5149 Wabada</b>				
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>c Hypertensive heart disease</b> DUE TO (c) <b>Edenoma thyroid</b>							
	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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>251X</b>				
22. I hereby certify that I attended the deceased from <b>Oct. 10, 1949</b> , to <b>June 2, 1953</b> , that I last saw the deceased alive on <b>June 2, 1953</b> , and that death occurred at <b>7:00 am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Bertie Harris Simon, M.D.</b>				23b. ADDRESS <b>5400 Arsenal St.</b>		23c. DATE SIGNED <b>6/2/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>6/5/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John's</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>JUN 3 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral - 1905 Union Blvd.</b>				

(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

*Warren A. Carver*

Licensed Embalmer No. *953 X*

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.