

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33794

FILED SEP 24 1953

318

1003

State File No.

8150

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8150			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3428 Keokuk St.				e. STREET ADDRESS (If rural, give location) 3428 Keokuk St.					
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) A,		c. (Last) Nichols		4. DATE OF DEATH (Month) (Day) (Year) August 21, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 18, 1902			
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 4 Days 3		IF UNDER 24 HRS. Hours 0 Min. 0					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman			10b. KIND OF BUSINESS OR INDUSTRY Printing			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Conard Nichols		13b. MOTHER'S MAIDEN NAME Barbara ?		14. NAME OF HUSBAND OR WIFE Florence Nichols		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 489-03-1686		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Nichols 3428 Keokuk St.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH about 1/2 hour about 1 year	
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) 420.1					
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? _____					
22. I hereby certify that I attended the deceased from June 10, 1953 , to Aug 21, 1953 , that I last saw the deceased alive on Aug 21, 1953 , and that death occurred at 8:50 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 3606 Morris Ave		23c. DATE SIGNED 8/21/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/24/53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery St. Louis Co. Mo.		24d. LOCATION (City, town, or county) (State) Mo.			
DATE REC'D BY LOCAL REG. AUG 22 1953		REGISTRAR'S SIGNATURE J. Earl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois.				

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed..... *Robert F. Gibben*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.