

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH29127
State File No. 6699
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 29127		Registrar's No. 6699			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Rock Hill		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				e. STREET ADDRESS (If rural, give location) 1525 Salem Hills Drive							
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) _____		c. (Last) NICOLL		4. DATE OF DEATH (Month) (Day) (Year) July 18, 1954				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-6-1879		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 12	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Cabinet Making		11. BIRTHPLACE (City and State or Foreign Country) Scotland			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Nicoll			13b. MOTHER'S MAIDEN NAME Jean Low			14. NAME OF HUSBAND OR WIFE Emma Rayner Nicoll					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Titus Boothby, above						ADDRESS _____	
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) Adenocarcinoma of the Prostate							INTERVAL BETWEEN ONSET AND DEATH _____			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 177X							
22. I hereby certify that I attended the deceased from July 16, 1954 , to July 18, 1954 , that I last saw the deceased alive on July 18, 1954 and that death occurred at 5:10 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE Quinn P. [Signature] (Degree or title) MD				23b. ADDRESS 4952 Maple			23c. DATE SIGNED July 20, 54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-21-1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
DATE REC'D BY LOCAL REG. JUL 20 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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.....
Earl - Morris

Licensed Embalmer No.....*33*

P. O. Address.....*St. Louis*

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.