

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43874

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11856**

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 town or township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>15 yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4218a Fairfax Avenue</b>		STREET ADDRESS (If rural, give location) <b>2119</b> <b>4218a Fairfax Avenue 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LEONA</b> b. (Middle) c. (Last) <b>NICHOLSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>Unknown 1914</b>		9. AGE (In years last birthday) <b>Abt. 40</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>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pvt. Family</b>		11. BIRTHPLACE (City and State & Foreign Country) <b>Canton, Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Matthew Nicholson</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda Evans</b>		14. NAME OF HUSBAND OR WIFE <b>Sherman Nevals</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-36-8962</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rhoda Nicholson, 4218a Fairfax Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic Heart Disease (DECOMPENSATED)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Rheumatic Fever</b>			
DUE TO (c) <b>CARDIAC CIRRHOSIS</b>				<b>Unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4013</b>	

22. I hereby certify that I attended the deceased from **Dec. 17, 1954**, to **Dec. 26, 1954**, that I last saw the deceased alive on **Dec. 25, 1954**, and that death occurred at **6:45** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. P. Forder, M.D.</b> (Degree or title)		23b. ADDRESS <b>2746<sup>e</sup> Franklin Ave</b>		23c. DATE SIGNED <b>12-28-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/31/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>DEC 29 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Charles J. Gates, 4107 Finney Ave.</b>	
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(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.....  
Signature of Student Embalmer

Signed *Arthur L. Heald*

Licensed Embalmer No. *432*

P. O. Address *4107 7th*

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.