

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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State File No.

FILED APR 5 1955

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY 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 type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 22 2632 Chouteau 2229					
3. NAME OF DECEASED (Type or Print) Will Nichols			a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 3 24 55				
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED (DIVORCED) (Specify) Widowed		8. DATE OF BIRTH 2/15/1887			
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sold daily papers			10b. KIND OF BUSINESS OR INDUSTRY News paper seller		11. BIRTHPLACE (City and State or Foreign Country) Wynona Miss.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME --- Nichols			13b. MOTHER'S MAIDEN NAME Renda Morrow			14. NAME OF HUSBAND OR WIFE Etta			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME x Ruby Fitts ADDRESS 2910 Caroline				
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undt.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Hepatoma				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. Hepatic Cirrhosis Ascites									
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 155x					
22. I hereby certify that I attended the deceased from 2-7 , 19 55 , to 3-24 , 19 55 , that I last saw the deceased alive on 3-24 , 19 55 , and that death occurred at 7:05A m., from the causes and on the date stated above.									
23a. SIGNATURE Edw. B. Williams (Degree or title) M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 3-25-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/29/55		24c. NAME OF CEMETERY OR CREMATORY Oak Dale		24d. LOCATION (City, town, or county) Mo (State) St. Louis Co.			
DATE REC'D BY LOCAL REG. MAR 26 1955		REGISTRAR'S SIGNATURE J. Earl Smith Md		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Russell ADDRESS 4469 Washington					

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 *Frederick P. Stark*.....

Licensed Embalmer No. *4599*

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.