

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35995**
8455
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, Mo** 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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Mary's Infirmary** e. STREET ADDRESS (If rural, give location) **1117 Bayard Ave**

3. NAME OF DECEASED a. (First) **Grace** b. (Middle) _____ c. (Last) **Nichols** 4. DATE OF DEATH (Month) (Day) (Year) **9 10 1956**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **July 18, 1887** 9. AGE (In years last birthday) **69** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Public School Teacher** 10b. KIND OF BUSINESS OR INDUSTRY **St. Louis Board of Education** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Robert Nichols** 13b. MOTHER'S MAIDEN NAME **Fannie Carter** 14. NAME OF HUSBAND OR WIFE **Single**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Edith Nichols** ADDRESS **1117 Bayard Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Atherosclerotic Heart Disease** INTERVAL BETWEEN ONSET AND DEATH **6 mo.**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Diabetes Mellitus** **Unknown**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 **260x** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **August 5, 1956** to **August 10, 1956**, that I last saw the deceased alive on **8-10-56**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **A.E. Smith M.D.** (Degree or title) 23b. ADDRESS **1117 Jefferson** 23c. DATE SIGNED **9-12-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9/15/56** 24c. NAME OF CEMETERY OR CREMATOR **St. Peter's Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **SEP 13 1956** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C.W. Roberts 1416 N. Taylor Ave.**

(Licensed Embalmer's Statement on Reverse Side)

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

of town. I have no doubt was out

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.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.