

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH39675
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10385

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Good Samaritan Hospital</i> Length of stay in lb <i>20</i>		d. STREET ADDRESS (If outside, give location) <i>2847 Howard</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Effie</i> First Middle <i>Nichols</i> Last		4. DATE OF DEATH <i>Nov 9 1956</i> Month Day Year	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>ABOUT 1886</i>
9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <i>Carroll Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Wm</i>		14. MOTHER'S MAIDEN NAME <i>Wm</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If so, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17a. INFORMANT <i>Doc Jewell</i> Address <i>11 No Compton</i>		17b. INFORMANT	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Ulcer of Left Leg</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>331 XF</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i> <i>2 weeks</i> <i>2 mos</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Dropped Mirror on Leg & Foot.</i>		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year <i>Sept. 1-1956</i>	<i>September 1956 at home</i>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (If, e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Her Home</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	COUNTY <i>2847 Howard</i>
21. I attended the deceased from <i>Sept 27</i> to <i>Nov 9</i> and last saw her alive on <i>Nov 9th 1956</i> Death occurred at <i>3:48 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>S. E. Moore MD</i> (Degree or title).		22b. ADDRESS <i>2330 E Franklin</i>	22c. DATE SIGNED <i>11-13/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>14 Nov 56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ochdale Cemetery</i>	23d. LOCATION (City, town, or county) <i>St Louis Mo</i>
24. FUNERAL DIRECTOR <i>Reliable Funeral Co.</i> ADDRESS <i>1389 N Union</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 14 1956</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith MD</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard form prepared by Missouri State Health Department. No other forms are acceptable. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Paul V Green

Licensed Embalmer No. *462*

P. O. Address *4729*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.