

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3379  
STATE FILE NUMBER  
637

FILED JAN 30 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 637

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hospital DOA</u>		d. STREET ADDRESS (If outside, give location) <u>524 Market Street.,</u>	

3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Wilton</u> Last <u>Nichols</u>			4. DATE OF DEATH Month <u>January</u> Day <u>17</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>November 18, 1897</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Government</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri.</u>	
13a. FATHER'S NAME <u>James Clark Nichols</u>			13b. MOTHER'S MAIDEN NAME <u>Olive Blackston</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Nichols</u>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>Helen Nichols, 3504 Santiago, Tampa, Florida</u>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis - primary</u> <u>undetermined, but, probably</u> <u>of the stomach.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) <u>151X</u>		
20c. TIME OF INJURY Hour <u>10:27 A</u> Month <u>10</u> Day <u>1957</u> Year <u>1957</u> a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the _____ date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Carl Smith</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>11/18/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-18-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sylvan Abbey Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Clearwater, Florida.</u>
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24. FUNERAL DIRECTOR <u>Albert H. Hoppe, 4700 Washington Blvd.,</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 18 59</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: In case of any standard nomenclature in item 18, no symptoms will be listed. All diseases in Part I must be causally related.

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1-57



APR 8 1958

**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 ..... *J. W. Bunker*

Licensed Embalmer No. 31053

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.