

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042036

STATE FILE NUMBER

10749

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10749

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes  No

c. CITY OR TOWN Ferguson 4119 Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital Length of stay in lb 2 Days

d. STREET ADDRESS 27 212 S. Clark Ave. (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
PERRY EDWARD NICHOLS

4. DATE OF DEATH Month 11 Day 7 Year 58

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  / DIVORCED  8. DATE OF BIRTH 11-29-1919 9. AGE (In years last birthday) 38 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) Traffic Representative 10b. KIND OF BUSINESS OR INDUSTRY Trucking 11. BIRTHPLACE (City and state or country) Salem, Missouri 0 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Perry E. Nichols 13b. MOTHER'S MAIDEN NAME Anna Brown 14. NAME OF HUSBAND OR WIFE Grace La Tourette Nichols

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War II 16. SOCIAL SECURITY NO. 493-16-2834 17. INFORMANT Grace Nichols 212 S. Clark St. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Gastric hemorrhage ulcers 2 days  
Peptic ulcers and pancreatic ulcers 1 week  
Severe Diabetes Mellitus

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) nephritis acute and tonsillitis, subacute 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour (Month, Day, Year) a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 June 1948, to Nov. 7, 1958 and last saw him alive on Nov. 7-1958. Death occurred at 6:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry E. Rosenberg M.D. 22b. ADDRESS St. Louis, 13, Mo 22c. DATE SIGNED Nov 8-58

Henry E. Rosenberg M.D. 1467 Union A. e. 1467 Union

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-10-58 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR White-Mullen Mort. 118 N. Florissant Rd. ADDRESS 25. DATE RECD. BY LOCAL REG. NOV 10 '58 26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

*Amos E. Preece*  
*19287 Union*  
*401-5544*

**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 *Eleanora Preece*

Licensed Embalmer No. *3403*

P. O. Address *Jeaning*

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.