

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042039  
STATE FILE NUMBER  
11049  
Registrar's No.

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003

|  |                           |   |   |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis,  |                           | c. CITY OR TOWN St. Louis,  |   |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |                           | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Anthony Hospital  |                           | d. STREET ADDRESS St. Anthony Hospital 3520 Chippewa St.  |   |
| Length of stay in lb 22  |                           | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Alphonse V. Nicolas  |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>Nov. 15, 1958.  |
| 5. SEX<br>Male <input checked="" type="checkbox"/>   | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Sept. 24, 1880  |
| 9. AGE (In years last birthday)<br>78  |                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Priest  | 11. BIRTHPLACE (City and state or country)<br>Manchester, Missouri                                |
| 10a. USUAL OCCUPATION  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |
| 13a. FATHER'S NAME<br>Victor Nicolas   |                           | 13b. MOTHER'S MAIDEN NAME<br>Mary Reinagel  | 14. NAME OF HUSBAND OR WIFE<br>None   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No.  |                           | 16. SOCIAL SECURITY NO.<br>None   | 17. INFORMANT<br>Miss Frances Nicolas<br>Address<br>3520 Chippewa St.                             |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) carcinoma of rectum<br>Carcinoma of Rectum<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) 154X |                           |   | INTERVAL BETWEEN ONSET AND DEATH<br>7 mo.   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" 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.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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 1957 to Nov 1958 and last saw her/him alive on 11-14-58<br>Death occurred at 6:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.   |                           |   |   |
| 22a. SIGNATURE John J. Inley M.D.  |                           | 22b. ADDRESS 5203 Chippewa  | 22c. DATE SIGNED 11-17-58   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                           | 23b. DATE<br>Nov. 19, 1958  | 23c. NAME OF CEMETERY OR CREMATORY<br>SS. Peter and Paul Cemetery                                 |
|  |                           | 23d. LOCATION (City, town, or county)<br>St. Louis, Missouri.   | (State)   |
| 24. FUNERAL DIRECTOR<br>Geoken-Benz Mortuary   |                           | 25. DATE RECD. BY LOCAL REG.<br>NOV 17 '58  | 26. REGISTRAR'S SIGNATURE<br>Carl Smith MD  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed.....

*Joe B. Benz*

Licensed Embalmer No. 4249.....  
2842 Meramec St.  
P. O. Address St. Louis, Mo., 18.....

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.