URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 621

-60-009401
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellefontaine Neighbors — Length of stay in 1b 24 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis State School and Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Caruthersville, Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Unkn. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Robert Middle Last Nichols
4. DATE OF DEATH Month Feb. Day 18 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 19, 1925
9. AGE (last birthday) 34 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Mays
13b. MOTHER'S MAIDEN NAME Anne Nichols
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Records of St. L. State School and Hospital — Address 10695 Bellefontaine Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Convulsive seizure
DUE TO (c) Epilepsy

INTERVAL BETWEEN ONSET AND DEATH
11 p.m. 2-17-60
7:40 a.m. 2-18-60
Between 11 p.m. and 7:40 a.m.
Since 1943-1960

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Mental Deficiency. - Body found in bed this a.m. 2-18-60 - face down. County Coroners office notified.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
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 July 1, 1942, to Feb. 17th '60 and last saw him alive on Feb. 17, 1960
Death occurred at Between 11 p.m. 2-17-60 + 7:40 a.m. on 2-18-60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dorothy M. Ellerseick M.D.
22b. ADDRESS 10695 Bellefontaine Rd.
22c. DATE SIGNED 2-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-23-1960
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Cullen-Kelly 7267 Natural Bridge
25. DATE RECD. BY LOCAL REG. FEB 23 1960
26. REGISTRAR'S SIGNATURE [signature] Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James R. Lammer

Licensed Embalmer No. 4142

P. O. Address St. Louis

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