

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045386

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3516

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 10 1962

VS 300
Rev. 4/59

4000
20928

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1248-0

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS		Length of stay in 1b 3 DAYS	c. CITY OR TOWN ST. CHARLES Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1901 KREKEL PLACE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RALPH GOLDSMITH NICHOLS			4. DATE OF DEATH Month Day Year NOVEMBER 30, 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-16-1886
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER (Retired)		10b. KIND OF BUSINESS OR INDUSTRY ACF INDUSTRIES	11. BIRTHPLACE (City and state or country) ELMER, NEW JERSEY
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME DAVID NICHOLS	
13b. MOTHER'S MAIDEN NAME IDA ANN HALL		14. NAME OF HUSBAND OR WIFE ABBIE H. NICHOLS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-14 II		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Mrs. Abbie H. Nichols,		Address 1901 Krekel Place St. Charles, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY THROMBOEMBOLI, BILATERAL			INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ATRIAL FIBULATION AND MURAL THROMBI IN RIGHT ATRIUM			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS WITH ARTERIOSCLEROTIC HEART DISEASE AND CONGESTIVE FAILURE			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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, VA , attended the deceased from 11-27-62 to 11-30-62 and XXXXXXXXXX Death occurred at 7:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul G. Stromsdorfer (Degree or title) M.D. VA HOSP. JEFF. BRKS. MO.		22b. ADDRESS	22c. DATE SIGNED 11-30-62
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE 12/3/1962	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.
24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. 12-3-62	26. REGISTRAR'S SIGNATURE John B. Murphy Mrs.

USE BLACK INK OR TYPEWRITER RIBBON

MAY 14 1963

DEC 27 1962

DEC 11 1962

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 Connie L. Suberling

Licensed Embalmer No. 5689

P. O. Address H. Charles, Mo.

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.