

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

0

Do not use this space.

6846

1. PLACE OF DEATH

County Registration District No. 792
Township Primary Registration District No. 1000
City St. Louis Mo (No.)

File No.
Registered No. 1926
St. Ward)

2. FULL NAME

(a) Residence, No. 4332 Newsham St., 15 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 - 1895

7. AGE YEARS 56 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Zealand 30

13. NAME John Nicol

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Margaret Nicol
4332 Newsham

18. BURIAL, CREMATION, OR REMOVAL PLACE no crematory DATE Feb 29 1932

19. UNDERTAKER (ADDRESS) John L. Zyganshem & Son
7027 Washington Ave

20. FILED FEB 28 1932 W. J. ... Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932 to July 25th 1932

I last saw him alive on July 25th 1932 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pericarditis Date of onset 12.01.31
71A/20
Alumina
Gastro-intestinal disease
Gastro Enteritis

Other contributory causes of importance: Gastro-intestinal disease

Name of operation Date of
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓ 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased?

If so, specify P. B. Edwards (Signed) P. B. Edwards M. D.

(Address) 2523 So Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Dr T B Edwards 2523 So Broadway St 1932

