

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. 5036 A Sutherland Ave) St. Ward.....

File No. 11248
 Registered No. 2301
 St. Ward.....

2. FULL NAME

William A. Nicolay
 (a) Residence, No. 5036 A Sutherland St., 14 Ward.
 (Usual place of abode) (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 30, 1881</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>6</u>	DAYS <u>6</u>
IF LESS than 1 day, hrs. or min.		

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Henry Nicolay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Theresa Meier

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

17. INFORMANT Henry Nicolay
 (ADDRESS) 5036 A Sutherland

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New St. Marcus DATE 3-9 1933

19. UNDERTAKER Kriegerhauser Mortuaries
 (ADDRESS) 4238 So. Kings Highway

20. FILED MAK - 8 15 1933
W. C. Farber Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1933, to March 6th, 1933
 I last saw h. l. m. alive on 3-6, 1933. Death is said to have occurred on the date stated above, at 4:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris
 chronic interstitial nephritis.
 chronic myocarditis.
 Other contributory causes of importance:
 Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 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.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Lawmer Abies Meadson, M. D.
 (Signed) Lawmer Abies Meadson, M. D.
 (Address) 634 North Grand Bl. St. Louis Mo

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

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.

