

AUG 9 1935

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

Do not use this space.

24998

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis, Mo.* (No. *City Infirmary*) St. Ward.

File No.
Registered No. **6428**
St. Ward)

2. FULL NAME

Eduard M. Nichol
(a) Residence, No. *City Infirmary* St. *13* Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred *45* 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) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 19, 1890*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 *x* *78*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*13. NAME *Lee M. Nichol*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*15. MAIDEN NAME *Mary Curran*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*17. INFORMANT (ADDRESS) *J. J. Sullivan*
*5800 Arsenal St.*18. BURIAL, CREMATION, OR REMOVAL
PLACE *CALVARY CEMETERY* DATE *JULY 30, 1935*19. UNDERTAKER *MULLEN UND CO*
(ADDRESS) *5160 DELMAR BLVD*20. FILED *JUL 29 1935* *J. P. Bredeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 27, 1935*
22. I HEREBY CERTIFY That I attended deceased from *Oct 18, 1937* to *July 27, 1935*
I last saw him alive on *July 27, 1935* Death is said to have occurred on the date stated above, at *6:05 P.M.*
The principal cause of death and related causes of importance were as follows:

Heat stroke

Other contributory causes of importance:

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?

If so, specify

(Signed) *Henry J. Lynch* M. D.
(Address) *5600 Arsenal*

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.

