

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 12 1938

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

30667
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(e) Length of residence in city or town where death occurred
D. 6082

Registration District No. 791
Primary Registration District No. 1008
(d) Street No. City Hospital No. 1
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8104

2. PRINT FULL NAME

(a) Residence, No. William Mc Nichol 252
3114 North Sarah St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Beatrice</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 7, 1879</u>			
7. AGE YEARS <u>60</u>	MONTHS <u>10</u>	DAY <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Asst. Foreman</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Liggett & Meyer</u>		
	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) <u>St. Louis, Missouri</u>			
FATHER	13. NAME <u>Unknown</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
MOTHER	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philadelphia Penna</u>		
17. INFORMANT <u>Hosp. Info M. Kent</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem</u> in DATE <u>9/15/38</u>			
19. FUNERAL DIRECTOR <u>A. W. McLaughlin</u> (ADDRESS) <u>2301 Lafayette Avenue</u>			
20. FILED <u>SEP 13 1938</u> <u>J. F. Budick</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>9/12/38</u>
I HEREBY CERTIFY That I attended deceased from <u>7/30/38</u> to <u>9/12/38</u>	
I last saw him	alive on <u>9/12/38</u>
Death is said to have occurred on the date stated above, at <u>5 a</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Carcinoma of pharynx</u>	
Other contributory causes of importance: <u>Bunch pneumonia</u>	
Name of operation	Date of
What test confirmed diagnosis? <u>Biopsy</u>	Was there an autopsy? <u>yes</u>
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 <u>Albert H. House</u> M. D. (Signed) <u>Albert H. House</u> (Address) <u>City Hospital No. 1</u>	

STATEMENT BY LICENSED EMBALMER

I, L R Cooper, Licensed Embalmer No. 2633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed L R Cooper

Licensed Embalmer No. 2633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)