

BUREAU OF THE CENSUS
OCT 14 1939

791
1002

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3226 Geyer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3226 Geyer Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME JENNIE R. NICHOLS
8. (b) If veteran, name war None 8. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife J. R. S. Nichols 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased December 5, 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 26
year 1939 hour 10:10 PM minute _____ M.
21. I hereby certify that I attended the deceased from at Washington 1940 to Clinix, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 9 21 hr. _____ min.

Immediate cause of death _____
Pulmonary Hemorrhage
Due to _____
Pulmonary Tuberculosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Rock Island, Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation At home

11. Industry or business _____
12. Name Francis Young
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
13

16. (a) Informant's own signature Herbert Nichols
(b) Address 3226 Geyer Ave
17. (a) Burial (b) Date thereof 9-29-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
28 1939 (c) J. J. Brudick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature Ruth Mansbach (M. D. or other)
Address 462 N Taylor Date signed Sept 27 39

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Donald Hampton*
Licensed Embalmer No. *2967*
P. O. Address *St. Louis, 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 this body is not embalmed, above space should be left blank.