

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29552
Registrar's No. 1446

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
In this community 49 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELSIE NICOL

3. (b) If veteran, name war _____ 3. (c) Social Security No. 24

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Nicol 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 10 hr. min.

9. Birthplace Near Aberdeen Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name David Scott

13. Birthplace Unknown Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Ann Frost

15. Birthplace Unknown Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature P. G. Koop

(b) Address 7733a Delmar

17. (a) Burial (b) Date thereof 8/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) AUG 6 - 1940 (b) R. M. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5917 Maple Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 49 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 5th
year 1940 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 3rd, 1940 to August 5th, 1940.
that I last saw her alive on August 5th, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration _____

Due to 46

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. W. Jensen (M. D. certifying)
Address Manchester, Mo Date signed 8/6/40

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.

I 19351

Wm. Schaeffer, M.D.

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.....

Albert C. White....., Registered Apprentice No. *209*
working under my personal supervision.

Signed *J. Wm. Dinkley*
Licensed Embalmer No. *3653*
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.