

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34069
Registrar's No. 8766

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
En route city Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Lawrence Nicholson
(b) If veteran, name war _____
3. (c) Social Security No. 488-10-8314

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Nicholson 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased April 7th 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Gus Koedding Paint Co.

12. Name William Nicholson
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine MacDonaid
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Nicholson
(b) Address 5716 Fyler Ave.

17. (a) Burial (b) Date thereof 10-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 24 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5716 Fyler Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd
year 1940 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull, internal hemorrhage from laceration of liver and descending aorta, when he in some unknown manner fell from a scaffold about 4 o'clock P.M. October 22, 1940, at 625 So. Skinner Boul. ACCIDENT
Due to _____
Due to _____

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

Other conditions _____
(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) Accident
(b) Date of occurrence 10-22-1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial.

23. Signature Alfred Perry (M. D. or other) _____
Address 5716 Fyler Ave. Date signed 10/24/40

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 *Edwin A. McArthur*

Licensed Embalmer No. *3024*

P. O. Address.....

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, fact should be so stated above.