

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: **Phillips Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **1 mo 26 das**
(Specify whether
 In this community..... **40 yrs**
years, months or days)

3. (a) PRINT FULL NAME..... **Joshua Nichols**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **None**

4. Sex..... **Male**

5. Color or race..... **Col.**

6. (a) Single, widowed, married, divorced..... **Widow**

6. (b) Name of husband or wife..... **widow**

6. (c) Age of husband or wife if alive..... **41** years

7. Birth date of deceased..... **Feb. 4 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	11	12	hr. min.

9. Birthplace..... **Helena Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Laborer**

11. Industry or business.....

12. Name..... **George Nichols**

13. Birthplace..... **Helena Ark.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Augusta Simms**
(City, town, or county) (State or foreign country)

15. Birthplace..... **? Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Juliet Roberts**

(b) Address..... **3122 a Sherdian Ave.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof..... **1-23-41**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Washington Park Bur**

18. (a) Signature of funeral director..... **Ellis Fun, Home**

(b) Address..... **2820 Stoddard St**

19. (a) **JAN 22 1941**
(Date received local registrar)

(b) **J. Bredeck**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No..... **3122a Sheridan**
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **16**
 year..... **1941** hour..... **11:00** minute..... **P.M.**

21. I hereby certify that I attended the deceased from.....
November 20, 19**40** to..... **January 16**, 19**41**;
 that I last saw h..... **1m** alive on..... **January 16**, 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Intestinal Obstruction
Hypertrophied Prostate

Duration..... **3 das**
Apt 10 yrs

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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..... **K. Fletch** (M. D. or other)
 Address..... **2601 N Whittier** Date signed.....

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 L. Boyer

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

Signed Lomnie Boyer

Licensed Embalmer No. 2946

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, fact should be so stated above.