S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36660

DEC 22 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8890

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Brothers Hospital

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4024 California Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William L. Nicolay

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Nicolay

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 25, 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 13 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business Shoe Factory

FATHER
12. Name Rudolph Nicolay
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Deschner
15. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Nicolay

(b) Address 4024 California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) NOV 10 1941 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th year 1941 hour 9 minute 35 a. M.

21. I hereby certify that I attended the deceased from 11-3, 1941, to 11-8, 1941 that I last saw him alive on 11-7, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of colon	2 yr
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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature O. S. Jones (M. D. or other) MD

Address 3616 S. Brady Date signed 11-8-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. O. S. Jones
3616 S. Bdy.
Sa 5626
5 18

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.