S. No. 2
—1-4-41
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I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4755

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 1173

**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: Alexian Bros. 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

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

(d) Street No. 5876a Delmar Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lester Nichols

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 499-12-7662

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dorothy

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

7. Birth date of deceased June (Month) 15 (Day) 1882 (Year)

8. AGE: Years 59 Months 7 Days 19 If less than one day hr. min.

9. Birthplace LENEXA (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Chrysler Motor Sales

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Dillow
(b) Address 627 Clara Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) FEB 6 1942 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 42 day 4 year 42 hour 10 40 minute P M.

21. I hereby certify that I attended the deceased from Dec. 13, 19 to Feb. 4, 1942; that I last saw him alive on Feb. 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Hypertension

Due to Rheumatic Fever

Due to Secondary Enemies

Other conditions Chr. rheumatic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 [signature] (M. D. or other) M.D.
Address 5899 Delmar Date signed 2/1/42

844 (Licensed Embalmer's Statement on Reverse Side)

OCT 26 1962

## 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 Wilford F. Burnley

Licensed Embalmer No. 4202

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.**