

FILED JUL 20 1942 791

Registration District No. \_\_\_\_\_ 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 3**  
(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 **000**  
(c) City or town **ST. LOUIS** **17**  
(If outside city or town limits, write "RURAL") **923**  
(d) Street No. **7614 PARK AVE.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **SAM. NICHELSON.**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) ~~Single, widowed, married,~~ divorced **MARRIED**

6. (b) Name of husband or wife **HATTIE NICHELSON** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **MARCH 18 1883**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **3** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **SALEM MOO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **WILLIAM L. NICHELSON**  
13. Birthplace **MO. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY E. PITTS**  
15. Birthplace **MO. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Hattie nichelson**

(b) Address **1614 Park av**

17. (a) **BURIAL** (b) Date thereof **JULY 15 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. Matthews Cem**

18. (a) Signature of funeral director **E. J. Schum**

(b) Address **3125 Lafayette Ave.**

19. (a) **JUL 15 1942** (b) **J. F. Muesel**  
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 13** day \_\_\_\_\_  
year **1942** hour **5** minute **45 AM**

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

Immediate cause of death **Chronic Pachy-meningitis;  
Chronic Myocarditis.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **3**

23. Signature **Thomas J. Callahan** (b) or other \_\_\_\_\_  
Address **Deputy Coroner** Date signed **7/15/42**

**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.....

*Jose B. Vollmer*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Jose B. Vollmer*.....

Licensed Embalmer No..... *4014*.....

P. O. Address..... *3125 Lafayette*.....

**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.**