

FILED DEC 11 1942

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis Childrens 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)

3. (a) PRINT FULL NAME Ronald Robert Nichols

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Infant

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

7. Birth date of deceased August 14th, 1942.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 3 17 hr. min.

9. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name Dale Nichols

13. Birthplace Laurel Nebraska  
(City, town, or county) (State or foreign country)

14. Maiden name Genevieve Marsh

15. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Genevieve Nichols  
(b) Address 6209 Weber Road Affton Missouri

17. (a) Burial (b) Date thereof Dec. 2, 1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhein Bros.  
(b) Address 6409 Gravois Ave.

19. (a) DEC 11 1942 (b) G. J. Beedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis

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

(d) Street No. 6209 Weber Road Affton Mo.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 1  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1  
year 42 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-1  
1942, to 12-1, 1942;  
that I last saw him alive on 12-1-42, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus  
Due to.....  
Due to.....  
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).....  
(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 H. J. Blatter (M. D. or other).....  
Address 507 So. Knappton Date signed.....

Duration 1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

WEST VIRGINIA STATE BOARD OF HEALTH

**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 *Judith A. Guzman*  
Licensed Embalmer No. *2270*  
P. O. Address *6409 Kramin*

**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.**