

AUG 30 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7490

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: Booth Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 hrs 10 min  
(Specify whether  
In this community yes  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3740 Maxine  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jane Nichols

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Aug 18 - 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 16 hr. 10 min.

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Jane Nichols

13. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Augustine Tusa

15. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Augustine Nichols

(b) Address 1823A Carr

17. (a) \_\_\_\_\_ (b) Date thereof Aug 21 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabany

18. (a) Signature of funeral director Benson Nichols

(b) Address 1431 N. Main Ave

19. (a) AUG 20 1943 (b) J. Fredrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19th  
year 1943 hour 11:00 AM M.

21. I hereby certify that I attended the deceased from Aug 18  
1943 to Aug 19 1943.

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Premature -

Due to wt. 5# - about 32

Due to weeks - lived

Other conditions 17 hrs.  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Fred V. Bennett (M. D. or other) \_\_\_\_\_

Address Metropolitan Bldg Date signed 8/19/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED

**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.....

*Frank H. Nuhani*

Licensed Embalmer No.....

3515

P. O. Address.....

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**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.**