

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 27 1944 818

1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2449

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:
Max Starkloff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4338 Beethoven
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Pete Nikola

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Helen Nikola

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Unknown Abt. 1891
(Month) (Day) (Year)

8. AGE: Years About 52 Months Unknown Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Baker

11. Industry or business _____

MOTHER FATHER { 12. Name Nick Nikola

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Nikola

(b) Address 4338 Beethoven Ave

17. (a) Burial (b) Date thereof 3/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. G. Moyall
1926 Allen Ave.

(b) Address _____

19. (a) WAR 14 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1944 hour 9 minute P. M.

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

Immediate cause of death
Brain thrombosis edema of Brain when struck by a wheel back of car parked in front of his Tavern at 1430 So 13th St
Due to 3-7-44 at about 6:30 PM

Other conditions 1932
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence 3-7-44

(c) Where did injury occur? St. Louis (City or town) MO (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature Wm. G. Moyall (M.D. or other) _____
Address 1926 Allen Ave. Date signed 3/14/44

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

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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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

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.