

Registration District No. **FILED JUL 31 1944**

Primary Registration District No. **6076**

Registrar's No. **1470**

1. PLACE OF DEATH:

(a) County **Saint Louis**
(b) City or town **Rural Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Villa View
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Seven Years**
(Specify whether years, months or days) **1**

3. (a) PRINT FULL NAME **Sister Mary Anastasia Nichols**

3. (b) If veteran, name war: _____ 3. (c) Social Security No. **nong**

4. Sex **F** 5. Color or race **W** 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 **Dec. 9 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **New Orleans La.**
(City, town, or county) (State or foreign country)

10. Usual occupation **General Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **Peter Nichols** {
13. Birthplace **Germany** {
(City, town, or county) (State or foreign country)

14. Maiden name **Eva Lofle**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister M. Philomene**
(b) Address **Villa View - R. 3 - Box 573**

17. (a) **Burial** (b) Date thereof **7-10-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **C. Hoffmeister**
(b) Address **7814 S. Broadway**

19. (a) **JUL 10 1944** (b) **E. S. McSavan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **ST. LOUIS**
(c) City or town **Lemay RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **RIVERVIEW DRIVE ROUTE 3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **7**
year **1944** hour **2** minute **P.M.**

21. I hereby certify that I attended the deceased from **Jan 1944**
_____ 19 _____ to **July 7** 19 **44**
that I last saw her alive on **July 7** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the intestinal tract - general**
Duration **don't know**

Due to _____

Due to **46**

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

Major findings: Of operations _____
Of autopsy _____

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)
(e) Means of injury _____

23. Signature **John L. ...** (M. D. or other)
Address **500 S. ...** Date signed **7/18/44**

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

33
39
5697

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 Harry J. Schumacher
Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry rd

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.