

FILED JUL 31 1944 18
Registration District No. 1003

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 19
(c) City or town St. Louis 9 19
(If outside city or town limits, write "RURAL")
(d) Street No. 521 N. Vandeventer
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

NANCY NICHOLS

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years abt 27 Months - Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant City Hospital Record

(b) Address 1515 Lafayette

17. (a) Buried (b) Date thereof 7-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, St. Louis

18. (a) Signature of funeral director Paulina Bros

(b) Address 1710 St. Grand

19. (a) JUL 25 1944 (b) J. F. Brueck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 21st
1944 to July 24th 1944;
that I last saw her alive on July 24th 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Patent hernia
hernia protrusion

Due to _____

Due to 107

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

Major findings: Of operations _____

Of autopsy none

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 0

23. Signature Edw. W. Gabel (M. D. or other) _____
Address 1515 Lafayette Date signed 7/24/44

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

MOTHER FATHER

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..... *Fred Frick*

Licensed Embalmer No. *3186*

P. O. Address *St. Louis Mo*

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.