S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8085

FILED MAR 28 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2574

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. 1361 Montclair
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Nichol
3. (b) If veteran, name war ✓
3. (c) Social Security No. no
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased November 10 1866 (Month) (Day) (Year)
8. AGE: Years 78 Months 4 Days 7 If less than one day hr. min.
9. Birthplace Louisville Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Shop Foreman
11. Industry or business Shoe Industry
12. FATHER Name John Joe Nichol
13. FATHER Birthplace Ireland (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Catherine Cole
15. MOTHER Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Lillie Nichol
(b) Address 1361 Montclair
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.
19. (a) MAR 20 1945 (Date received local registrar) (b) J. F. Bulock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March Day 17 Year 1945 hour 6:20 minute P. M.
21. I hereby certify that I attended the deceased from 3/17/45, 19..., to 3/17/45, 19...; that I last saw him alive on 3/17/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Confirmed diagnosis

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. R. Mueller (M. D. or other)
Address 6344 Gravois Date signed 3/19/45

(Licensed Embalmer's Statement on Reverse Side)

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 Jay W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

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.