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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15441

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4585

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: 5899 Nina Place (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 175
(d) Street No. 5899 Nina Place (If rural, give location) 9
(e) Citizen of foreign country? no. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RUBY MCMurtry NICHOLS
3. (b) If veteran, name war no.
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John S. C. Nichols
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased 5 (Month) 1 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	22	hr. min.

9. Birthplace Noble (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name William H. Mc Murtry
13. Birthplace Newburgh (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Louisa Green
15. Birthplace Princeton (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs. H. A. Ebert
(b) Address 275 N. Union Boulevard
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery
18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar Boulevard
19. (a) MAY 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1945 hour 5:30 minute A.M.
21. I hereby certify that I attended the deceased from May 1942 to May 23, 1945; that I last saw her alive on March 22, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Chronic myocarditis	3 yrs +
Arteriosclerosis	3 yrs +
Due to Coronary attacks - fibrillation	3 yrs +
Chronic hypertensive cardiac	
Due to vascular renal Nephritis	3 yrs +
Other conditions (Include pregnancy within 3 months of death)	

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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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Fred W. Clark (M. D. ~~other~~) MD
Address 869 Hamilton Blvd Date signed 5-24-45
St. Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1951

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6176 Delmar

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.