

FILED 08189 1945

Registration District No. _____

Registrar's No. 8786

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2941 Easton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 219
(d) Street No. 2941 Easton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT

FULL NAME Hardy Nicholson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1945 hour 9 minute 10 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.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Corene Nicholson 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June 1893
(Month) (Day) (Year)

Immediate cause of death _____

Carcinoma Bronch
metastatic

8. AGE: Years 52 Months 4 Days 8 If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

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

10. Usual occupation Partner

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Henry Nicholson

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

14. Maiden name Fluore Wash

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

16. (a) Informant Corene Nicholson

(b) Address 2941 Easton

17. (a) Burial (b) Date thereof Oct 13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. J. Bredeck

(b) Address 2945 Ziegler Ave

19. (a) OCT 11 1945 (b) F. Bredeck
(Date received local registrar) (Registrar's signature)

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 Patrick E. Taylor (M. D. or other) _____

Address By. Co. Date signed 10/8/45

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

599
00
17
9

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

J. A. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.