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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10616

FILED MAR 16 1946

State File No.

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 628

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
D O A. St. Louis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 8326 Dale Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Osman Pasha Nichols

3. (b) If veteran, name war

3. (c) Social Security No. 499-05-5984

4. Sex Male

5. Color or race White

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 July (Month) 24 (Day) 1877 (Year)

8. AGE: Years 68 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Marion Co., (City, town, or county) Ky (State or foreign country)

10. Usual occupation Car Loader.

11. Industry or business Butler Bros. Merc Co.

FATHER
12. Name Bird Nichols
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Cynthia Birch
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Lucy Eberts,
(b) Address Glasgow, Ky.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green Ky

18. (a) Signature of funeral director Louis, H. Bopp Inc.,
(b) Address Kirkwood, 22, Mo.

19. (a) 3-15-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1946 hour 2.00 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Blunt impacts of head, chest and abdomen

Due to ~~Accident~~ Manslaughter.

Due to Pedestrian struck by three different automobiles,

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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) homicide

(b) Date of occurrence March 10 1946

(c) Where did injury occur? St. Louis County Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road (Specify type of place)

While at work? no (e) Means of injury Blunt Impacts

23. Signature Arnold J. Willmann Coroner (M. D. or other)

Address Clayton, Mo. Date signed 3-12-46

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1950

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.....Leo M. Sizemore.....

Licensed Embalmer No.....4343.....

P. O. Address 7415 Zephyr Ave Maplewood, 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.