

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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: Homer & Phillips Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos 25 das
 (Specify whether years, months or days)
 In this community _____

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")
 (d) Street No. 4052 St. Ferdinand
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Tom Nicholson

3. (b) If veteran, name war none 3. (c) Social Security No. 327-03-3247

4. Sex Male 5. Color or race Clond 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Annie L. Nicholson 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased June 9 1901
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1946 hour 2:25 minute 25 A. M.
 21. I hereby certify that I attended the deceased from May 17, 1946 to August 12, 1946
 that I last saw him alive on August 12, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
 Due to _____
 Due to _____
 Other conditions Broncho Pneumonia
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy No
 Underline the cause to which death should be charged statistically.

8. AGE: Years 45 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Butcher

11. Industry or business Armour Pkg Co.

12. Name Wash. Nicholson

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

14. Maiden name Unknown

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

16. (a) Informant Annie Nicholson

(b) Address 702 E. 45th St. East St. Louis Mo

17. (a) Removal (b) Date thereof Aug 12 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill

18. (a) Signature of funeral director J. W. Wallace

(b) Address 2205 No. 4th St. East St. Louis Ill

19. (a) AUG 12 1946 (b) J. F. Bredeek
 (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 2
 Signature J. F. Bredeek (M. D. or other) _____
 Address 2601 N. Tohille Date signed 8/2/46

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

27100

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis Ill

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.