

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED MAR 31 1948

Registration District No. _____
Primary Registration District No. **1003**

Registrar's No. **3074**

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: Christian Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: 3 Days
In hospital or institution. (Specify whether years, months or days)

In this community 36 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2017
(If outside city or town limits, write "RURAL")

(d) Street No. 2247 Warren St. 910
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Nicholson,

3. (b) If veteran, name war None 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 Walter 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Jan. 21 1911
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1947 hour 8:35 minute P M.

21. I hereby certify that I attended the deceased from Feb. 14, 1947, to March 20, 1947.
that I last saw h. or alive on March 20, 1947.
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>1</u>	<u>29</u>	hr. _____ min. <u>0</u>

Immediate cause of death Cardiac Decompensation & Failure 2 wk.
Due to Pericarditis - Causal 1 mo +
+ Pleural Effusion. 1 mo +

Due to _____

Other conditions 95-C
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Francis Malon ff

13. Birthplace Poland f

14. Maiden name Stella Jimczyk f
(City, town, or county) (State or foreign country)

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Walter Nicholson,
(b) Address 2247 Warren Street.

17. (a) Burial (b) Date thereof 3-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Leidner Und. Co.
(b) Address 2223 St. Louis Ave.,

19. (a) MAR 23 1947 (b) J. F. Brudeck
(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? 0

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

23. Signature Melvin Jess (M. D. or other) M.D.
Address 3611 St. Louis Ave. Date signed 3-21-47

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

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 *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2723 St. Louis*

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.