S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25887

Registrar's No. 6797

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

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LUTHERAN HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town RURAL, JENNINGS 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7136 MANETTE DRIVE (20)
(If rural, give location)

(e) Citizen of foreign country? N R No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOE NICHOLS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LATE ANNA NICHOLS Nee MOHL

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUGUST (Month) 13TH (Day) 1879 (Year)

8. AGE: Years 67 Months 11 Days 5 If less than one day hr. min.

9. Birthplace SAINT LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED INSURANCE

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant VIRGINIA NICHOLS
(b) Address 7136 MANETTE DR. JENNINGS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 21ST 1947 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM CEM.

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BL.

19. (a) JUL 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18TH year 1947 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 14, 1947, to July 18, 1947; that I last saw him alive on July 18, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Carcinomatosis	5 mos.
Due to: Carcinoma of left buccal-alveolar angle & metastases	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature Charles G. Obermeyer (M. D. or other) M.D.

Address 3103 Arsenal St. Date signed 7/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3103 Arsenal St.
La. 4612 3 P.M.

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 A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis, 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.