No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24573

Primary Registration District No. 1003

Registrar's No. 6686

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 7 DA. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")

(d) Street No. 4753 S. GRAND AV.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME SISTER MARY NICHOLAS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE O

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY 10 - 1883 (Month) (Day) (Year)

8. AGE: Years 65 Months O Days 19 If less than one day hr. min.

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

10. Usual occupation NURSE

11. Industry or business

MOTHER FATHER

12. Name NICHOLAS GERMAIN

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

14. Maiden name ELIZA. MEISTER.

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

16. (a) Informant MOTHER - AMATA.

(b) Address 4753 S. GRAND AV

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 31-48 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY. CEM.

18. (a) Signature of funeral director Geo. G. Fuchs Jr

(b) Address 7128 MICHIGAN.

19. (a) JUL 30 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1948 hour 6 minute 25 A M.

21. I hereby certify that I attended the deceased from July 24, 1948, to 7-29-48, that I last saw h. alive on 7-28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis — Duration

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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

23. Signature Carl A. Klein (M. D. or other)

Address Humboldt Bldg Date signed 7-30-48

(Licensed Embalmer's Statement on Reverse Side)

St. Jos. Hosp. 93047.

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 Clarence Hochow

Licensed Embalmer No. 3093

P. O. Address 7128 Michigan

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.