No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24578
Registrar's No. 6445

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: pronounced dead at City Hosp. #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3

2. USUAL RESIDENCE OF DECEASED:
(a) State ILL (b) County ST CLAIR
(c) City or town E ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 113 ROCK ROAD (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RICHARD DEAN NIMS
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, ~~widowed, married~~, divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JULY (Month) 27 (Day) 1938 (Year)

8. AGE: Years 9 Months 11 Days 22 If less than one day hr. min.

9. Birthplace MURPHYBORO (City, town, or county) ILL (State or foreign country)
10. Usual occupation SCHOOL BOY
11. Industry or business
MOTHER FATHER
12. Name ALFRED NIMS
13. Birthplace WHITE ROCK SD DAKOTA (City, town, or county) (State or foreign country)
14. Maiden name CECILIA ROBERTA
15. Birthplace MURPHYBORO ILL (City, town, or county) (State or foreign country)
16. (a) Informant Alfred Nims
(b) Address 113 Rock Road
17. (a) E St Louis (Burial, cremation, or removal) (b) Date thereof 7 20 1948 (Month) (Day) (Year)
(c) Place: burial or cremation C. H. Lamb Ill.
18. (a) Signature of funeral director Harry Robins
(b) Address E St Louis Ill
19. (a) ~~JUL 20 1948~~ (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

Jefferson County JUL 21 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19 year 1948 hour minute 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 Asphyxiation due to drowning in the Mississippi River on July 16, 1948, about 11:30 A.M. — Duration
Due to ACCIDENT.
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) ACCIDENT
(b) Date of occurrence 7-16-1948
(c) Where did injury occur? Mississippi River (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (Specify) Means of injury See above
23. Signature Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 7-20-48.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Frank Prokopf

Licensed Embalmer No. 4956

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.