S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24946

FILED AUG 13 1948

Registration District No. 37

Primary Registration District No. 2002 3070

Registrar's No. 1704

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Webster Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300a N. Marshal Ave
(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: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: Webster Grove
(If outside city or town limits, write "RURAL")
(d) Street No.: 300a N. Marshal
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James H. Nicholson
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 20th (Day) 1915 (Year)

8. AGE: Years	Months	Days	If less than one day
33	1	21	hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Chauffeur
11. Industry or business:
FATHER 12. Name: Samuel Nicholson
13. Birthplace: Kentucky (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name: Pearl Treece
15. Birthplace: Poplar Buff Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Zillien Cadwell
(b) Address: 300a Marshal Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.
18. (a) Signature of funeral director: Hy. Leidner U. Co.
(b) Address: 2223 St. Louis Ave.
19. (a) 7-11-48 (Date received local registrar) (b) Beula Shepherd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1948 hour 10:15 AM 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: self-administered barbiturate poisoning

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: same

Duration

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): Suicide
(b) Date of occurrence: July 11, 1948
(c) Where did injury occur? Webster Groves, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury: Poisoning
23. Signature: Arnold Willmann Coroner (M.D., or other)
Address: Clayton, Mo. Date signed 7/31/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1948

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. Buckholz

Licensed Embalmer No. 167

P. O. Address 2223 St. Louis a

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.