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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 23 1948  
318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 28065  
Registrar's No. 6997

Registration District No. 318

Primary Registration District No.

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

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: HOMER G. PHILLIPS, PS, HOSP  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2206 1/2 WALNUT  
22 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER NICHOLS  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7  
year 1948 hour 4:05 minute A 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.

4. Sex MALE Color or race Wh  
5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife MARY NICHOLS  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 24 1906  
(Month) (Day) (Year)

Immediate cause of death Internal hemorrhage Duration \_\_\_\_\_  
following stab wound of abdomen  
inflicted with knife in the hands of  
one William Thomas Col, when he  
broke a glass out of the window and  
entered the home at 3004 Market Str.,  
around 1:00 A.M., August 7, 1948.  
Due to \_\_\_\_\_  
**HOMICIDE.**

8. AGE: Years 41 Months 0 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: 167  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Miss (City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_  
11. Industry or business LABOR  
12. Name HENRY NICHOLS  
13. Birthplace Miss (City, town, or county) (State or foreign country)  
14. Maiden name Sus Hoston  
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Mary Nichols  
(b) Address 2206 1/2 WALNUT  
17. (a) Shipped (b) Date thereof Aug 13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Starkville, Miss  
18. (a) Signature of funeral director F. A. GREEN  
(b) Address 7214 DELMAR  
19. (a) AUG 10 1948 (b) J. F. Brebeck  
(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) Homicide  
(b) Date of occurrence Aug. 7, 1948  
(c) Where did injury occur? St. Louis (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? no (e) Means of injury see above  
Patric E Taylor (M. D. or other)  
23. Signature Patric E Taylor Date signed 8-9-48  
Address 1300 Clark

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**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.....

*F.A. Green*

Licensed Embalmer No.....

*0963*

P. O. Address.....

*424 Delmar Blvd*

**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.**