

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10477

318

1003

2847

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY <i>One</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>16</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital No. #1		d. STREET ADDRESS (If rural, give location) 3300a Halliday <i>U</i>	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) -- c. (Last) Nichlöss			4. DATE OF DEATH (Month) (Day) (Year) March, 28, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June, 15, 1897	9. AGE (In years last birthday) 51	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Albania <i>8</i>	12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Nick Nichlöss	13b. MOTHER'S MAIDEN NAME Ida Sulieu	14. NAME OF HUSBAND OR WIFE Margaret Nichlos
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 497-05-3368	17. INFORMANT'S SIGNATURE OR NAME Nargaret Nichlos	ADDRESS 3300 Halliday
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <i>Aortitis; Pulmonary</i> DUE TO (c) <i>Congestion; Glaucoma</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>of Brain</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *2:30 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Patrick E. Taylor Coronist</i> (Degree or title)	23b. ADDRESS <i>1300 East</i>	23c. DATE SIGNED <i>3-29-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March, 30, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAR 29 1949	REGISTRAR'S SIGNATURE <i>J. Blaster</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHULICK FUNERAL HOME 1722 S. Jeff.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Alex A. Chumlik Jr.

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jeff

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.