

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22443**  
Registrar's No. **5584**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SAINT LOUIS:</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>	
c. LENGTH OF STAY (In this place) <b>3 1/2 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>4385 Maryland Ave.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BERNARD NURSEING HOME</b>			
3. NAME OF DECEASED (Type or Print) <b>EUGENIA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 15 1952.</b>	
a. (First)		b. (Middle) <b>CARR</b>	
c. (Last) <b>NICHOLS</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG 26 1874</b>
9. AGE (In years last birthday) <b>77</b>		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>SAINT LOUIS, MISSOURI.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>THOMAS JEFFERSON CARR</b>		13b. MOTHER'S MAIDEN NAME <b>MINERVA YOUNG</b>	
14. NAME OF HUSBAND OR WIFE <b>WILLIAM L. NICHOLS.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARGARET BONSAK * 64 ABERDEEN PLACE.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 hours</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Senile Dementia</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Chronic Myocarditis</b>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		<b>Parkinson Disease</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<b>4222<sup>F</sup></b>	
22. I hereby certify that I attended the deceased from <b>Aug 9, 1947</b> , to <b>June 15, 1952</b> , that I last saw the deceased alive on <b>June 14, 1952</b> , and that death occurred at <b>2:10 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W.P.E. Jones</b>		23b. ADDRESS <b>6116 50th St</b>	
23c. DATE SIGNED <b>6/16/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 17/52.</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>BELLEFONTAINE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 17 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. LUPTON &amp; SONS.</b>		ADDRESS <b>- 7233 DELMAR BLV'D.</b>	

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

UNIV. CLOB BLDG  
HOURS 12-3-

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 Melvin F. Kemper

Licensed Embalmer No. 4052

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.