No. 300
10-48

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13879

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3139

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 36-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 5123 Waterman Ave. 212 9/0

3. NAME OF DECEASED (Type or Print)
a. (First): Hildred
b. (Middle): Adele
c. (Last): Nichols

4. DATE OF DEATH (Month) (Day) (Year): Apr.6,1954

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: Apr.13,1894
9. AGE (In years last birthday): 59 — If under 1 year: Months 11, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk, Commonwealth Acc.& Life Ins.Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lebanon,Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Louis Nichols
13b. MOTHER'S MAIDEN NAME: Mary Sherwood
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-20-2628
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mr.H.B.Vogt,57 Wayland Dr.Springfield,Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Air Embolism; Carcinoma of Cervix; while undergoing operation for Carcinoma of Cervix at Firman Desloge Hospital, on Apr 6 1954 about 1130 am

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accident
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hosp
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 6 54 11 30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 000 E955X

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 1130A m., from the causes and on the date stated above.* 46

23a. SIGNATURE (Degree or title): Joseph M Lucas Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 4/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr.8,1954
24c. NAME OF CEMETERY OR CREMATORY: College Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lebanon,Illinois

DATE REC'D BY LOCAL REG.: APR 7 1954
REGISTRAR'S SIGNATURE: J Earl Smith M.D. M/B
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Arthur J Donnelly 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Francis Williams

Licensed Embalmer No. 356

P. O. Address ... St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.