

Reg. 4800
FILED FEB 2 - 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0140**

1. PLACE OF DEATH a. COUNTY 6		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY Sangamon	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N. Grand St. Louis, Mo.)		c. LENGTH OF STAY (in this place) 50 days	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 1836 S. Wirt		(If rural, give location) 8120g	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle)	c. (Last) NICKS	4. DATE OF DEATH (Month) (Day) (Year) 1-5-55
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-24-85	9. AGE (In years last birthday) 69 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal Industry	11. BIRTHPLACE (City and State or Foreign Country) Bulgaria 8	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Nicks	13b. MOTHER'S MAIDEN NAME Stella (Unknown)	14. NAME OF HUSBAND OR WIFE Eva Nicks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give year or dates of service) WW-I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 MOS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF THE LUNG		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 163X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-16**, 19**54**, to **1-5**, 19**55**, and that death occurred at **1:35 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. E. CARLSON (Degree or title) M.D.	23b. ADDRESS VAH 915 N. Grand St. Louis 6, Mo.	23c. DATE SIGNED 1-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-6-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Springfield Ill.
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DATE REC'D BY LOCAL REG. JAN 6 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Hoppe	ADDRESS 4704 Washington Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. *4108*
P. O. Address *D. Davis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.