

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43619
Registrar's No. 10829

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10829			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 days		c. CITY OR TOWN E. St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital				e. STREET ADDRESS (If rural, give location) 909 A CONVERSE 8123					
3. NAME OF DECEASED (Type or Print) a. (First) WINFREY		b. (Middle) HERNANDEZ		c. (Last) NICHOLSON		4. DATE OF DEATH (Month) (Day) (Year) 11-24-1956			
5. SEX MALE		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH July 7, 1955			
9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) E. St. Louis ILLINOIS			
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME NICHOLSON, LEORA		14. NAME OF HUSBAND OR WIFE LEORA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS G. HENRIKSEN - 500 S. KIMMEL HIGHWAY					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHD, convulsive disorder. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Truncus arteriosus + patent ductus DUE TO (c) Heart failure. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. grand mal seizures				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 754.1				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 11-16, 1956, to 11-24, 1956, that I last saw the deceased alive on 11-24, 1956, and that death occurred at 4:30 am., from the causes and on the date stated above.									
23a. SIGNATURE W. J. Holloman (Degree or title) M.D.				23b. ADDRESS 500 S. Kimm Highway		23c. DATE SIGNED 11-24-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/24/56		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) Centerville Township, Ill.			
DATE REC'D BY LOCAL REG. NOV 27 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maroon Office, 2114 Mo. Ave. St. Louis, Mo.					

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

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gen H. Baldwin*.....

Licensed Embalmer No. *242*.....

P. O. Address *721 N. 26th*.....

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.