

FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6501**  
Registrar's No. **908**

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

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (in this place) <b>4 Days</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>  c. CITY OR TOWN <b>Richmond Heights St. Louis 144950</b> d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>  e. STREET ADDRESS (If rural, give location) <b>7726 Arthur Ave.</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Eugene</b> b. (Middle) _____ c. (Last) <b>Nichols</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>January 27, 1957</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 26, 1899</b>
<b>9. AGE</b> (In years last birthday) <b>57</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Concession Manager</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis Mo.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Concession Manager</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>William B. Nichols</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Theodora Karst</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Alice Nichols</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____		<b>16. SOCIAL SECURITY NO.</b> <b>494-36-7862</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Alice Nichols</b> <b>ADDRESS</b> <b>7726 Arthur, Richmond Hgt</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>NEPHRITIS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PYELITIS 593x</b>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from <u>10/6, 1957</u>, to <u>1/27, 1957</u>, that I last saw the deceased alive on <u>1/27, 1957</u>, and that death occurred at <u>12:17</u> p.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>Hubert P. Smith M.D.</i> (Degree or title)		<b>23b. ADDRESS</b> <b>5203 Chaffee N</b>	<b>23c. DATE SIGNED</b> <b>1/28/57</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>1/30/57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 29 '57</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John H. Gebken Sons, 2630 Gravois Ave.</b> <b>ADDRESS</b>	

6  
B

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.....  
Herbert J. Lou Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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.