

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-022015
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5128**

FILED MAY 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH. a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Life	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4535 Laclede Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WALTER James NICHOLSON			4. DATE OF DEATH Month Day Year May 10, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/8/1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver - Salesman		10b. KIND OF BUSINESS OR INDUSTRY White Baking Co	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME James Nicholson		13b. MOTHER'S MAIDEN NAME Louise Walters	14. NAME OF HUSBAND OR WIFE Margaret Dolly Nicholson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs Walter J. Nicholson 4535 Laclede Ave
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA			INTERVAL BETWEEN ONSET AND DEATH 1 Mo
DUE TO (b) MALIGNANT HYPERTENSION			3 mo
DUE TO (c) ESSENTIAL HYPERTENSION			1-2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 445x			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from DEC 1962 to 5-10-63 and last saw ^{her} him alive on 5-10-63 Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mortaw A. Perry M.D. (Degree or title)		22b. ADDRESS 216 So Kingshighway	22c. DATE SIGNED 5-13-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/13/63	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, county) St. Louis Co, Missouri (State)
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd ADDRESS		25. DATE RECD. BY LOCAL REG. MAY 13 1963	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St. L.

May 19, 1963

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.