

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21094

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **4337A**, **Manchester Ave**) St. Ward.....

File No.
Registered No. **5598**
St. Ward.....

2. FULL NAME **Theresa Nickel**

(a) Residence, No. **4337A** **Manchester** St., **18** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late Otto Nickel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 10, 1844**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 8 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **John Spade**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **widowed**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Alex Zertan** (ADDRESS) **4337A Manchester Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bethania** DATE **6-12-32**

19. UNDERTAKER **Brigshausen** (ADDRESS) **4105A Manchester**

20. FILED **IN 11 1932** **Max C. Parker** Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **April 12**, 1932, to **June 12**, 1932.
I last saw him alive on **June 12**, 1932. Death is said to have occurred on the date stated above, at **6:30 A.M.**

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis Date of onset **1930**
97
162
Other contributory causes of importance **old age**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **J. H. Prudenstein**, M. D.
4011 Boulton (Address)

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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