

REC'D FEB 10 1939

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

791

1008

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Do not use this space.

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1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township ST. LOUIS MO. Primary Registration District No. 1008 Registered No. 39
(c) City ST. LOUIS MO. (d) Street No. CITY HOSPITAL St.
(If death occurred in hospital or institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 240 BERNHARDT NICKEL St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MARIE NICKEL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 71
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. CARPENTER
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) HUNGARY
13. NAME BERNHARDT NICKEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HUNGARY
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HUNGARY
17. INFORMANT (ADDRESS) E. Schmur 3125 Lafayette Dr.
18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS CHURCH JAN 3 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmur 3125 Lafayette Dr.
20. FILED JAN 2 1939 J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 30 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938 to DEC 29 1938
I last saw him alive on DEC 29 1938. Death is said to have occurred on the date stated above, at 1003 A
The principal cause of death and related causes of importance were as follows:
Date of onset chr Int Nephritis Aug 1938
Other contributory causes of importance: Acute Gastritis Dec 20-1938
Caused by chr. alcoholism
Name of operation None Date of None
What test confirmed diagnosis Hist Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1938
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Otto I. Walser, M. D.
(Signed) Otto I. Walser (Address) 2904 Park Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joseph Ballma

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave.*

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 this body is not embalmed, above space should be left blank.