

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5416 Gravois
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5416 Gravois
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Henry Nickels, Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Anna Wagner Nicels 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 10, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	5	13	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Not known

13. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Nickels, Jr. (b) Address 4629 Quincy

17. (a) burial (b) Date thereof 3/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas Cem.

18. (a) Signature of funeral director J. F. Besdeck (b) Address 7027 Gravois

19. (a) MAR 26 1942 (b) J. F. Besdeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1942 hour 5 minute 30 PM.

21. I hereby certify that I attended the deceased from 3-18 1942 to 3/23 1942
that I last saw him alive on 3/23/42 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Interstitial Nephritis

Due to Chr. Myocarditis & Stenoplexion

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. W. Becker (M. D. or other) Address 3547 Utah Blv Date signed 3/24/42

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

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Graves*

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, fact should be so stated above.