No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942

Registration District No. 1791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22994

Registrar's No. 6442

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3507 Morgenford Ave. /
(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)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 15 ?
(If outside city or town limits, write "RURAL")

(d) Street No. 3507 Morgenford Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George J. Nickel

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Katherine Nickel

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. 5, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	9	23	hr. min.

9. Birthplace Herker (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Phillip Nickel

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER 14. Maiden name Louisa Kammerler

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Katherine Nickel

(b) Address 3507 Morgenford Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31/42 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) JUL 30 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 13th 1942 19 to July 28th 1942 19 that I last saw h. alive on July 28th 1942 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	9 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul B. Weber M.D. (M. D. or other)

Address 3467 Morgenford Rd Date signed 7/29/42

844 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.