

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32596

State File No. _____

FILED OCT 9 1943 3/7

Registration District No. 1943 3/7

Primary Registration District No. 3069

Registrar's No. 2249

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days) 8-Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Clayton & Barber Rds. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Adolph Nickel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased: Sept. 18 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 0 15 hr. min.

9. Birthplace St. Louis Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business On Fathers farm

12. Name Adolph Nickel

13. Birthplace St. Louis Co. Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Emma P. Hoehne

15. Birthplace St. Louis Co. Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Nickel

(b) Address Chesterfield, Mo. R.R. #2

17. (a) Burial (b) Date thereof Oct. 5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Cem. Altheim, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) 10-5-43 (b) J. McIlwain, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 23 1943 to Oct 3 1943
that I last saw him alive on Oct 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Septicæmia
Cerebral meningitis
Duration 1 day

Due to _____
Due to _____

Other conditions: 24a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Same
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 _____

Signature J. McIlwain, M.D. (M. D. or other) Webster
Address 15 W. Lockwood Date signed Oct 4-43

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

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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.....

Theo. Schrader

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, Mo*

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.