

No. 2
-5-43
-5-17-39
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State File No. 727
Registrar's No. 665

FILED FEB 1 1946
318

1003

Registration District No. 318 Primary Registration District No. _____

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

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

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

3. (a) PRINT FULL NAME Katherine Nickel

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

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. J. Nickel

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

7. Birth date of deceased July 4, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Jacob Alderfer

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

14. Maiden name Don't Know

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

16. (a) Informant Ben Nickel

(b) Address 3507 Morgenford Rd.

17. (a) Burial (b) Date thereof Jan. 23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 2201 So Grand

19. (a) JAN 21 1946 J. J. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1946 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 15 to Jan 19, 1946
that I last saw her alive on Jan 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary artery embolism
Duration _____

Due to Femoral vein thrombosis

Due to Chronic myocarditis

Other conditions Infarcts of spleen & kidneys
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy eyes

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) _____
(2) Means of injury _____

23. Signature A. J. Plog (M. D. or other) MD
Address 315 Morgenford Rd Date signed 1/24/46

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

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167
9
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JAN 21 1946

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

John Ketter

Licensed Embalmer No. *3880*

P. O. Address *St. Louis 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.