

FILED APR 24 1946

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **3337**

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

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Peter Phillip Nickel

3. (b) If veteran, name war no 3. (c) Social Security No. 494-09-6812

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

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

7. Birth date of deceased December 2 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 4 If less than one day hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Tent & Awning Industry

12. Name Peter Nichols

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. John Applebaum

(b) Address 2115 Russell Blvd

17. (a) Burial (b) Date thereof 4/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd

19. (a) APR 11 1946 (b) J. F. Bredeck
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis 24, 7
(If outside city or town limits, write "RURAL")
(d) Street No. 2330 Olive Street 9
(If rural, give location) 10
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1946 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis
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? _____

23. Signature Wagoner Mortuary (M. D. or other) _____
Address _____ Date signed 4/11/46

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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.....
Neville B. Frohwitter

Licensed Embalmer No. *3696*

P. O. Address.....
4161 Lindell Blvd

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.