

FILED JUL 26 1948
Registration District No.

Primary Registration District No. 1002

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:
Lutheran Hospital 0
(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)

3. (a) PRINT FULL NAME Edwards Nickels
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Nickels
 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased 12 July 28 1867 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 17 17 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Nil

MOTHER FATHER

11. Industry or business
 12. Name John Nickels
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Lena Narri
 15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Nickels
 (b) Address 3193 Watson Rd.
 17. (a) Burial (b) Date thereof July 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery
C. Hoffmeister Colonial Mortuary
 18. (a) Signature of funeral director
 (b) Address 6464 Chippewa St.
 19. (a) JUL 17 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 3193 Watson Road 9
3 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
14 3 1
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
 year 1947 hour 10 minute 40 AM.
 21. I hereby certify that I attended the deceased from July 13 to July 15, 1947
 that I last saw h..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial thrombosis
 Due to.....
 Due to.....
 Other conditions Hypertension
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 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 K. Berg (M. D. or other)
 Address 253 Hubbard Date signed 7/17/47

OCT 17 1947

Dr. Ralph Berg
2253 Nebr At Shenandoah

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *7814 S. Broadway*

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.