No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6822

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1457

WRITE PLAINLY—USING 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: 3841 Shenandoah Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3841 Shenandoah Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Adolph Nickel

3. (b) If veteran, name war no

3. (c) Social Security No. 497-10-9504

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 1.1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	9	hr. min.

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

10. Usual occupation Clerk

11. Industry or business City Hall

FATHER
12. Name Jacob Nickel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Fuchs
15. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Anna J. Nickel
(b) Address 3841 Shenandoah Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) FEB 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1948 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from 3-29-44, 19.. to 2-10, 1948
that I last saw him alive on 2-10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis chronic	
Due to —	
Due to —	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause of 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 Philip Schuck M.D. (M. D. or other)

Address 1703 S Grand Date signed Ga. 0609

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. PHIL SCHUCK Dr 0609
1703 S-Grand
7-8 PM Wed
9-11 AM 3-4 PM Thur.

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, M

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.