S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10525

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2616

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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Overland
(If outside city or town limits, write "RURAL")

(d) Street No.: 10259 Driver Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Minnie Nick (Nigg)

3. (b) If veteran, name war

3. (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: Joseph Nigg

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

7. Birth date of deceased: October (Month) 13 (Day) 1887 (Year)

8. AGE: Years 60 | Months 5 | Days 1 | If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Gustav Wuest
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Charlotte unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jean Johler
(b) Address: 10259 Driver

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: New Pickers

18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.

19. (a) MAR 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14th year 1948 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb. 23, 1948, to Mar. 14, 1948, that I last saw her alive on March 8, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: —	
Due to: —	
Other conditions: Diabetes Mellitus (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? — Means of injury

23. Signature: Martyn H. Bierman Jr. M.D. (M.D. or other)

Address: 10306 Lackland Rd. Date signed: 3/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. O'Connell (2-4)
10300 Lackland Rd.

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 Albert R. Thompson Jr

Licensed Embalmer No. 42 37

P. O. Address St. Louis

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.