FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24575
Registrar's No. 6247

Registration District No. 318 Primary Registration District No. 1003

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: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 34 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Maplewood (If outside city or town limits, write "RURAL")
(d) Street No. 3106 Bartold (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RUTH L. NICKEL
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 Robert W. Nickel
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased July (Month) 2 (Day) 1869 (Year)

8. AGE: Years 79 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Schafer
13. Birthplace Unknown (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 Harvey B. Cox
(b) Address 706 Chestnut St., St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd., St. Louis, Mo.
19. (a) JUL 1 4 1948 (Date received by registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1948 hour 12:15 minute P. 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 Fracture of right femur; Chronic Myocarditis; suffered when she fell down the steps leading to the basement while visiting at the home of Mrs. A.C.Searles, 671 Tuxedo Av. Webster Groves, Mo. on July 3, 1948, exact time unknown. ACCIDENT. — Duration
Due to
Due to
Other conditions (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) Accident 135
(b) Date of occurrence 7-3-1948
(c) Where did injury occur? Webster Groves, M (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? friend's home (Specify type of place)
While at work? no (e) Means of injury see above
23. Signature (M. D. or coroner)
Address Date signed 7/14/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Jos. E. McCullok

Licensed Embalmer No. 2460

P. O. Address 6175-Dellmar

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.