.S. No. 300
EV. 10.48

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28829

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 1946

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1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8914 Argyle Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
d. STREET ADDRESS (If rural, give location): 8914 Argyle Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Jacob
b. (Middle):
c. (Last): Nickel

4. DATE OF DEATH (Month) (Day) (Year): Aug. 11, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowerer
8. DATE OF BIRTH: Mar. 26, 1861
9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR: Months: | Days: | IF UNDER 1 HRS.: Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: Germany

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Katherine Gebhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Daniel Nickel 8914 Argyle Ave. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — years

DUE TO (c) Senile Conditions

II. OTHER SIGNIFICANT CONDITIONS — 4/5

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from July 10, 1949, to Aug. 11, 1949, that I last saw the deceased alive on Aug 11, 1949, and that death occurred at 3:25 P.M. from the causes and on the date stated above.

23a. SIGNATURE: Roy A. Walther Sr.
(Degree or title): M.D.
23b. ADDRESS: 2438 Woodson Rd Overland Mo
23c. DATE SIGNED: 8-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/15/49
24c. NAME OF CEMETERY OR CREMATORY: Bethany Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 8-12-49
REGISTRAR'S SIGNATURE: Herbert R. Donke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Paschedag-Henke
ADDRESS: 2825 N. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

U-26

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Elmo R. Sadwell
Licensed Embalmer No. 4077

P. O. Address .....

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.