

No. 300
10-48

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15164

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1013

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Des. Peres</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Des. Peres</u> <u>4750</u>	
c. LENGTH OF STAY (in this place) <u>68</u> Year		d. STREET ADDRESS (If rural, give location) <u>Des. Peres Road R. 3 Bldg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None, Des. Peres Road R. 3 Bldg</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Christine</u> b. (Middle) _____ c. (Last) <u>Nickel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 28, 1883</u>	9. AGE (In years less birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Windecker</u>	13b. MOTHER'S MAIDEN NAME <u>----- Greb</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Nickel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Nickel, Kirkwood, R. 13, Mo.</u>	ADDRESS <u>R. 13, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Mild Conditions</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 11, 1951, to April 17, 1951, that I last saw the deceased alive on April 16, 1951, and that death occurred at 10:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry F. Scott M.D.</u>	23b. ADDRESS <u>Ballwin Mo.</u>	23c. DATE SIGNED <u>April 17 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 20, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Des Peres, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/19/51</u>	REGISTRAR'S SIGNATURE <u>Hubert P. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home, Ballwin, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 17 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Geo. Schrader

Signed.....
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md*

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.