

Reg. 101,913

BIRTH NO. **FILED JUN 6 1952** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1236**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 2 Days		19	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		f. STREET ADDRESS (If rural, give location) 3840 OLIVE	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle) P.	c. (Last) NICK	4. DATE OF DEATH (Month) (Day) (Year) 5/8/52
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/12/87	9. AGE (In years last birthday) 64 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STAGE HAND	10b. KIND OF BUSINESS OR INDUSTRY THEATRE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOSEPH P. NICK SR.	13b. MOTHER'S MAIDEN NAME MARY GIESKER	14. NAME OF HUSBAND OR WIFE GRACE NICK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES	16. SOCIAL SECURITY NO. WORLD I 492-05-7119	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION		DUE TO (b) HYPERTENSIVE CARDIO VASCULAR DISEASE		
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
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	443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) V.A.	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 **5/8**, 19**52**, to **5/8**, 19**52**, and that death occurred at **10:00p** m., from the causes and on the date stated above.

23a. SIGNATURE 	23b. ADDRESS (Degree or title) M.D. V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 5-9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE May 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 5-9-52	REGISTRAR'S SIGNATURE Herbert P. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Olive
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5W (Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

W H Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.