t. Health,
, & Welfare
S. Public
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030810
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8244

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Hospital — Length of stay in 1b: Life 90 15 29

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 4617 Loughborough Ave — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: FLORENCE Middle: ELIZABETH Last: NICKEL

4. DATE OF DEATH: Month 8 Day 24 Year 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-7-1887
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Theodore A. Marten
13b. MOTHER'S MAIDEN NAME: Katherine Siepp
14. NAME OF HUSBAND OR WIFE: George B. Nickel (Deceased)

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.: 492-07-3932 B
17. INFORMANT: James T. Nickel Address: 4617 Loughborough Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral pulmonary Embolii — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rt Thrombosed ext. saphenous vein — ?
DUE TO (c) chr arteriosclerosis — years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): cardiac hypertrophy - chronic endocarditis

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): — 466x
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: —
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/18/58, to 8/24/58 and last saw her alive on 8/24/58
Death occurred at 7:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene A. Vogel M.D.
22b. ADDRESS: 3325 S Grand Bl
22c. DATE SIGNED: 8/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-27-1958
23c. NAME OF CEMETERY OR CREMATORY: St. Paul's Churchyard
23d. LOCATION (City, town, or county) (State): 7600 Rock Hill Road Affton Mo

24. FUNERAL DIRECTOR: Bergenheim Bros. ADDRESS: 6409 Gravois Ave
25. DATE RECD. BY LOCAL REG.: AUG 25 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.R.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Signature of Student Embalmer

Signed Fern M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St Louis Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.