

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16603
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. St. Anthony Hosp (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 9 yrs. 2 1/2 mos. 0 ds. (f) How long in U. S., if of foreign birth? 2 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

John M. Nickels
(a) Residence, No. 4140 A. Occola St. St. 15 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Mary Nickels
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis County
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Nicholas Nickels

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Anna Kempke

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Anthony Nickels
(ADDRESS) Sappington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sappington DATE May 16 38

19. FUNERAL DIRECTOR Kenneth W. Koch
(ADDRESS) Fenton Mo.

20. FILED 1938
J. P. Predeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11 1938, to May 13 1938

I last saw him alive on May 13 1938. Death is said to have occurred on the date stated above, at 2:00 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Toxic Myocarditis
Duration - 6 hours
Caused by strangulated
inguinal hernia

Date of onset

Other contributory causes of importance:

Strangulated left inguinal hernia with gangrene of the distal portion of intestine.
Also grade peritonitis. (Duration 7 days)

Name of operation herniotomy Date of 5/12/38

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) A. L. Heitel, M. D.

(Address) 3606 Throun Ave

4464
4464

STATEMENT BY LICENSED EMBALMER

I, Kenneth W Koch, Licensed Embalmer No. 3047
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Kenneth W Koch
Licensed Embalmer No. 3047

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.)