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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43364

Primary Registration District No. 1003

Registrar's No. 11830

1. PLACE OF DEATH:

(a) County —

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 DAYS (Specify whether years, months or days)

In this community 55 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 215 Kerruish Place 4
(If rural, give location)

(e) Citizen of foreign country? UR (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Herman Lee Nickel

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BESSIE WILLIS NICKEL

6. (c) Age of husband or wife if alive ... years

7. Birth date of deceased MARCH 4 1871 (Month) (Day) (Year)

8. AGE: Years 76 | Months 9 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace CINCINNATI (City, town, or county) OHIO (State or foreign country) 1

10. Usual occupation CHEMICAL ENGINEER

11. Industry or business TRELOLITE CO.

MOTHER FATHER

12. Name ADOLPH NICKEL 4

13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

14. Maiden name UNKNOWN 8

15. Birthplace UNKNOWN (City, town, or county) ALSACE LORRAINE (State or foreign country)

16. (a) Informant CHARLES NICKEL

(b) Address 215 KERRUISH PL.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 27 1947 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker Fun Co.

(b) Address WEBSTER GROVES MO

19. (a) DEC 27 1947 (Date received local registrar) (b) J. T. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from December 16, 1947, to December 25, 1947, that I last saw him alive on December 25, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema	
Due to Arteriosclerotic heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H R Bradley (M. D. or ~~other~~)

Address Barnes Hospital Date signed 12/25/47

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.