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

Do not use this space.

10540

1. PLACE OF DEATH

County ..... Registration District No. 7791

Township ..... Primary Registration District No. 10003

City St. Louis (No. 613 Pine Str St. ..... Ward)

File No. .....

Registered No. 3160

2. FULL NAME August Nolten

(a) Residence. No. 613 Pine Str St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 7 1864.

7. AGE: 63. Years; 2 Months; 23. Days; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Resturant Keeper.

(b) General nature of industry, business, or establishment in which employed (or employer): (Retired 3 Years)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): GERMANY.

PARENTS

10. NAME OF FATHER: John Henry Nolten

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany.

12. MAIDEN NAME OF MOTHER: Louisa Bush.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany.

14. INFORMANT: Gustav Nolten
(Address) 732 S. 2nd St

15. FILED APR -1 1927, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3 - 30 - 1927

17. I HEREBY CERTIFY, That I attended deceased from January 15th, 1927, to March 29th, 1927, that I last saw him alive on March 29th, 1927, and that death occurred, on the date stated above, at 1:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

131

95B.

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Chronic Hypertrophy of Heart

(duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 29 A

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Urinalysis

(Signed) Albert Bernstein, M.D.

March 30th, 1927 (Address) 3548 - S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Missouri Crematory

DATE OF BURIAL: April 2 1927

20. UNDERTAKER: McLaughlin

ADDRESS: 1631 Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.