

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

Do not use this space.

31668

1. PLACE OF DEATH

County.....

Registration District No.....

File No.....

Township.....

Registration District No.....

Registered No.....

City.....

St. Louis (No. Barnes Hospital)

St.....

8900

Word.....

2. FULL NAME *Nolte Louis Henry*

(a) Residence. No. *6822 West Park* St. *4* Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *60* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Male White Widowed

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

Christina L. Nolte

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

Aug 8, 1860

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ____ hrs. or ____ min.

68

0

25

8. OCCUPATION OF DECEASED

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

Auto Painter

(b) General nature of industry, business, or establishment in which employed (or employer).....

Teacher with Paints

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

10. NAME OF FATHER

Henry Nolte

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

*Louis G. Nolte
6822 W. Park Av.*

15. FILED

SEP - 3 1928

REGISTRAR

Max C. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-2* 19 *28*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 10, 1928* to *Sept 2nd, 1928* that I last saw him alive on *Sept 2nd, 1928*, and that death occurred, on the date stated above, at *6:50 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver non alcoholic
2117
Ref 22 101

CONTRIBUTORY (SECONDARY) *Myocarditis, Clin.*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical findings*

(Signed) *Robert M. ...* M. D.

, 19 (Address) *Barnes Hospital*

*State the DISEASES 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

DATE OF BURIAL

St. Paul's Churchyard 9-8 1928

20. UNDERTAKER

ADDRESS *4107*

Riegschauer & Co. Manchester

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

