

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

Do not use this space.

5909

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township Osage Bend Primary Registration District No. 213
 City Osage Bend (No. 5293) St. Osage Ward 1

File No. _____
 Registered No. 57

2. FULL NAME

Infant of Mr. & Mrs. Louis Noelscher

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

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 Single
(write the words)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Osage Bend Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Louis Noelscher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage Bend Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kath. Sudoff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Thomas Mo.
 (STATE OR COUNTRY)

14. INFORMANT Louis Noelscher
 (Address) Osage Bend Mo.

15. FILED 26. 19. 29 S. S. Sudoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18-1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1929, to Feb. 18, 1929, that I last saw him alive on Feb. 18, 1929, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Imperfect closure of
foveolae cordis

1596 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1596 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Symptomatic
 (Signed) L. A. T. Meyer, M. D.

219, 1929 (Address)

*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 Osage Bend Mo. DATE OF BURIAL 2-18-1929

20. UNDERTAKER B. P. Heirrich ADDRESS J. G. Mo.

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.

MAR 21 1929

