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

Do not use this space.

34415

File No.

Registered No. 9774

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. 4442 Red Bud St. Ward)

Registration District No. 791

Primary Registration District No. 1102

2. FULL NAME Fredericka Nolting

(a) Residence. No. 4442 Red Bud St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17th 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	6	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Henry Nottebrock

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

12. MAIDEN NAME OF MOTHER Fredericka Heideman

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

14. INFORMANT William Kruse
(Address) 4442 Red Bud Ave

15. FILED OCT 14 1930, 19 REGISTRAR Max C Starkloff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1930

17. I HEREBY CERTIFY, That I attended deceased from August 10 1930, to Oct 12 1930, that I last saw her alive on Oct 12 1930, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Facial Cancer

Epithelioma

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fracture Right Hip

Fell on Floor at Home (duration) yrs. 2 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED Accident

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. Carriere, M. D.

, 19 (Address) 2218 St Louis Av

*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 St Peters — DATE OF BURIAL Oct 15 1930

20. UNDERTAKER Math Hermann & Son — ADDRESS 2161 Pax Av

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 INDELIBLE INK—THIS IS A PERMANENT RECORD