

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 5967)

Registration District No. 791
1002
Primary Registration District No.

File No. 8145
Registered No. 2519
St. _____ Ward _____

2. FULL NAME

Donald A. Noftsinger
(a) Residence. No. 5967 Kennedy Ave. 16 Ward. (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3 = 1931
7. AGE YEARS MONTHS DAYS 22 (LESS than 1 day, hrs. or min.)

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) Missouri

10. NAME OF FATHER Lafayette Noftsinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Hilda Rick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Lafayette Noftsinger
(Address) 5967 Kennedy Ave.

15. FILED Feb 25 1931 Max C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1931, to Feb. 25, 1931 that I last saw him alive on Feb. 25, 1931, and that death occurred, on the date stated above, at 2:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction cause unknown

1779 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1220 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home (1)
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Spawie, M. D.

Feb 25, 1931. (Address) 1492 Hodioumont Ave

*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. Peter & Paul Cem. DATE OF BURIAL Feb. 26 1931

20. UNDERTAKER Jos. Dr. Clark ADDRESS 1125 Hodioumont Ave

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.

1867 - 1870