

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

Do not use this space.

23065

1. PLACE OF DEATH

County..... Registration District No. **791.**
Township..... Primary Registration District No. **1008**
City St. Louis (No. de Paul Hospital)

File No.....
Registered No. **6516**
St. Ward)

2. FULL NAME Henry C. Nohmann

(a) Residence. No. 618 Union Blvd St. 12 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-17-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer) 18th
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry Nohmann

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

12. MAIDEN NAME OF MOTHER Elizabeth Langer

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

14. INFORMANT Margaret Nohmann
(Address) 618 Union Blvd

15. Max C. Starker
FILED 10-22-1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-19-1931

17. I HEREBY CERTIFY, That I attended deceased from May 10th, 1931 to June 9th, 1931 that I last saw him alive on July 9th, 1931, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
97C
97

(duration) ? yrs. mos. ds.

CONTRIBUTORY arteriosclerosis
(SECONDARY)

(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF BIRTH 618 N. Union

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Arthur Sunders, M. D.

6/10, 1931 (Address) 2202 Chestnut St

*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 DATE OF BURIAL

Valhalla Cem. 6-12-1931

20. UNDERTAKER ADDRESS

Henry Hein 2223 S. Grand

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.

RECORD WITH OBTAINING INFORMATION IS A PERMANENT RECORD

