

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

Do not use this space.

10047

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170 File No. _____
 7 Township Central Primary Registration District No. 6248 H Registered No. 58
 7 City St. Marys Hosp (No. _____) St. _____ Ward _____

2. FULL NAME

Donald D. Nolting
 (a) Residence, No. 8266 Greener Ave, 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 (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co Missouri

13. NAME Frank G. Nolting

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright City Mo.

15. MAIDEN NAME Emma Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calver Co. Ind.

17. INFORMANT (ADDRESS) Mr. Fred G. Nolting 8266 Greener Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE March 18, 1932

19. UNDERTAKER (ADDRESS) Geo. L. Oliphant Ind. 5966 Eastway Ave

20. FILED 3/17, 1932 Co. J. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932, to Mar 16, 1932

I last saw him alive on March 15, 1932. Death is said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus Date of onset _____

Other contributory causes of importance: 1570

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) C. E. Sterling, M. D.
 (Address) 8135 South Ave

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

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.

APR 29 1932

Mr Sterling