

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

Do not use this space.

25011

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Children's Hospital 500 So Kingshighway St. Louis** Ward **No.**

File No.
 Registered No. **6428**

2. FULL NAME **Nudleman, Joseph Louis**
 (a) Residence, No. **4904 Buckingham Court 79** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **4** yrs. **1** mos. **19** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Child</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Child</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>9-27-32</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>9</i>	<i>9</i>	<i>27</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.			
	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) <i>St. Louis, Missouri</i>				
FATHER	13. NAME <i>Barney</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Missouri</i>			
MOTHER	15. MAIDEN NAME <i>Estelle Potashwick</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Missouri</i>			
17. INFORMANT <i>R. F. Anthony</i> (ADDRESS) <i>500 So. Kingshighway St. Louis</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Ches. Shel. Ch. 12</i> DATE <i>7-25-33</i>				
19. UNDERTAKER <i>H. Rindskopf</i> (ADDRESS) <i>5216 Belmont</i>				
20. FILED <i>LL</i> <i>W. E. Karter</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-23*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *6-29*, 19*33*, to *7-23*, 19*33*
 I last saw him alive on *7-23*, 19*33* Death is said to have occurred on the date stated above, at *10:40* p. m.
 The principal cause of death and related causes of importance were as follows:
Hydrocephalus (Hydrocephalus) Congenital
 Other contributory causes of importance: *157A 127A*

Name of operation..... **Date of**.....
What test confirmed diagnosis?..... **Was there an autopsy?** *yes*

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) *W. E. Karter*, M. D.
 (Address) *500 So. Kingshighway*

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.

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