N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 2 2 1934

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

Do not use this space.

44150

1. PLACE OF DEATH

County St Charles — Registration District No. 756 — File No.

Township Portage des Sioux — Primary Registration District No. 5997 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Jobst Henry Nolle

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine Gean Nolle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 4 - 1855

7. AGE: YEARS 79 — MONTHS 2 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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 Charles County Mo

FATHER

13. NAME: Ernst Nolle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: ? Brocker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Martin Nolle, St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Orchard Farm Vea DATE: Dec 13th 1934

19. UNDERTAKER (ADDRESS): H L Dellmeyer & Sons Co, 700 N. 2nd St, St Charles Mo

20. FILED: Dec 12 1934 C A Barnard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932 to Dec 10, 1934

I last saw him alive on Dec 10, 1934. Death is said to have occurred on the date stated above, at 11 a m.

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

	Date of onset
Cerebral Hemorrhage	Dec 10/34

Other contributory causes of importance:

Hemiplegia 2 yrs.

Gen Art Sclerosis 5 yrs.

Name of operation: none Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

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? No

If so, specify

(Signed) A Erich Schulz, M. D.

(Address) St Charles Mo