

OCT 10 1938

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

36731
 Do not use this space.

1. PLACE OF DEATH(a) County St. LouisRegistration District No. 784

(b) Township

Primary Registration District No. 200Registered No. 1635(c) City Black Jack(d) Street No. Halls Ferry Rd. St.

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Nolte(a) Residence, No. Halls Ferry Rd. St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**Female**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED, OR****DIVORCED (write the word)**Widow**5A. IF MARRIED, WIDOWED, OR DIVORCED****HUSBAND OF****(OR) WIFE OF**Robert Nolte**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** June 4, 1857**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

8145**OCCUPATION****8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.**At home**9. Industry or business in which work was done, as 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)** Black Jack

(STATE OR COUNTRY)

Mo.**FATHER****13. NAME** Charles Leber**14. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany**MOTHER****15. MAIDEN NAME** Not known**16. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Not Known**17. INFORMANT** Julius Nolte(ADDRESS) 307 N. Bemiston, Clayton, Mo.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Black Jack DATE Oct. 11, 1938**19. FUNERAL DIRECTOR (NAME)** Chas. J. Kroll Funeral Home(ADDRESS) 4911 Washington Bl.**20. FILED** OCT 10 1938

Local Registrar

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** October 9, 1938**22. I HEREBY CERTIFY, That I attended deceased from**
Aug. 16, 1933, to Oct. 9, 1938I last saw him ER. alive on Oct. 9, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

CHRONIC MYOCARDITIS

Date of onset

AUG.1933

Other contributory causes of importance:

Name of operation NONE Date ofWhat test confirmed diagnosis? Was there an autopsy? NO**23. If death was due to external causes (violence), fill in also the following:**
 Accident, suicide, or homicide? NO 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 NONE

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?If so, specify J.A. Vandhoefer, M. D.(Address) 3313 HALLS FERRY RD. CITY

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Howard G. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.