

DEC'D FEB 10 1939

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

641  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791  
(b) Township..... Primary Registration District No..... 1003 Registered No..... 641  
(c) City St Louis, (d) Street No. 4539 Red Bud Ave. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John H Nottebrok.

(a) Residence, No. 4539 Red Bud Ave. St. 9  
(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 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 Mrs Minnie Nottebrok.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21, 1847.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
91 10 29.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Tinner.  
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) Germany.

FATHER  
13. NAME Henry Nottebrok.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER  
15. MAIDEN NAME Fredericka Heidemann.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Mrs Minnie Nottebrok.  
(ADDRESS) 4539 Red Bud Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters. DATE Jan. 21, 1939

19. FUNERAL DIRECTOR (NAME) Math Hermann & Son.  
(ADDRESS) 2161 East Fair Ave.

20. FILED JAN 20 1939  
J. P. Budick  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1938 to Jan 19, 1939

I last saw him alive on Jan 19, 1939 Death is said to have occurred on the date stated above, at 12.15 A.M.

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

Hypostyle Pneumonia  
Bronchitis  
1-17/39

Other contributory causes of importance:  
Senility 12 28 38  
Chronic Nephritis 2 28 38

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) J. P. Budick, M. D.  
(Address) 187 S. Madison

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.

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**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.....

*Lance H. Hensley*

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair*

**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.**