REC'D MAR 13 1939

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

5212
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ..... Registered No. 1905

(b) Township ..... Primary Registration District No. .....

(c) City St. Louis (d) Street No. 5947a Highland 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 139 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James F. Noftsinger.

(a) Residence, No. 5947a Highland Ave. St. 6 .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Noftsinger.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1897.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rope Maker.

9. Industry or business in which work was done, as saw mill, bank, etc. Loeschen Rope Co.

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) Mt. Rose, Missouri.

FATHER

13. NAME James D. Noftsinger.

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

MOTHER

15. MAIDEN NAME Minnie Hoil.

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

17. INFORMANT Mrs. Jane Noftsinger.
(ADDRESS) 5947a Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon Cem. DATE March 2, 1939

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966-68 Easton Ave.

20. FILED FEB 28 1939 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:20 AM

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

	Date of onset
Caustic Alkali Poisoning; CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED. WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL COULD NOT BE DETERMINED. OPEN VERDICT.	

Other contributory causes of importance: .....

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? OPEN Date of injury 2/27, 19 39

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph L. McQuerrey M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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, 3454 David C. Gibson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St Louis Mo

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

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