

WHILE IN LAUREL, WITH SURVIVING INTERESTS TO A. EMMENEGGER, MISSOURI.

1-1212004

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.

MAY 27 1939

REC'D JUN 8 1939

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

19743  
Do not use this space.

1. PLACE OF DEATH **St. Louis**

(a) County **St. Louis** Registration District No. **784**

(b) Township **Geneseelet** Primary Registration District No. **200**

(c) City **Lemay** (d) Street No. **727 Emmenegger** Registered No. **962**

(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 **430 Anna Nolde**

(a) Residence, No. **727 Emmenegger Ave.** St.  (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female**

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 **Emil Nolde**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 7, 1912**

7. AGE YEARS **26** MONTHS **7** DAYS **18** If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **housewife**

9. Industry or business in which work was done, as saw mill, bank, etc. **at home**

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) **Missouri**

FATHER

13. NAME **Leo Grass**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER

15. MAIDEN NAME **unknown**

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

17. INFORMANT **Emil Nolde** (ADDRESS) **727 Emmenegger**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Genevieve Mo.** DATE **May 29/39**

19. FUNERAL DIRECTOR **Fendler Und. Co.** (ADDRESS) **744 Lemay Ferry Rd.**

20. FILED **MAY 27 1939**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 25, 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 **6.20PM**

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

**Suicide by hanging** Date of onset **5/25/29**

**165**

Other contributory causes of importance: **Strangulation** **5/25/29**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What 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: **suicide** Date of injury **5/25/39**

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

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

Manner of injury **Suicide by hanging**

Nature of injury **strangulation**

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

If so, specify \_\_\_\_\_ (Signed) **John O. Conwell** M. D. Coroner of St. Louis County, Mo.

Local Registrar **707**

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *John Ketter*  
Licensed Embalmer No. 3880

**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.)**