

34469

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9007**

Registration District No. **291** Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Missouri Baptist Hosp**
(d) Length of stay: _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **1**
(c) City or town **St. Louis**
(d) Street No. **3723 Blow St**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Nicholas Nolte 4210**
3. (b) If veteran, name war **World War** 3. (c) Social Security No. **489-10-809**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Ruth Colber Nolte** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **8-3-1899**

8. AGE: Years **40** Months **2** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo**

10. Usual occupation **Carpenter**

11. Industry or business _____
12. Name **Nicholas Nolte**
13. Birthplace **Germany**
14. Maiden name **Annie Pfaff**
15. Birthplace **Mo**

16. (a) Informant's own signature **Ruth Nolte**
(b) Address **3723 Blow**

17. (a) **Burial** (b) Date thereof **10-24-39**
(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Walter Anderson**
(b) Address **632 7th St**

19. (a) **OCT 23 1939** (b) **J. B. Buckel**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **21** year **1939** hour **8** minute **55** M.
21. I hereby certify that I attended the deceased from **Oct 5** to **Oct 21** 19**39**
that I last saw him alive on **Oct 21** 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute rheumatism**
Due to **subpericardial cause unknown**
Due to _____

Other conditions **129**
(Include pregnancy within 3 months of death)

Major findings: **large ant. pus in belly**
Physician _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **W. W. Harris (FARRIS)**
Address **3506 N. Grand** Date signed **10/23/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 5-17-39
1 X19311

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.

Dr. Jarvis
3505 N. Grand
until 11 -

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.