DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34600

Registration District No. 1008 Primary Registration District No. _____ Registrar's No. 9138

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28yrs.8mo.13days (Specify whether years, months or days) In this community About 67yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 13
(d) Street No. City Infirmary (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME CONRAD NOLTE 430
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Dora Nolte
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1862 (Month) (Day) (Year)
8. AGE: Years About 78yrs. Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Germany (City, town, or county) 6 (State or foreign country)
10. Usual occupation Cigar Maker 6
11. Industry or business Tobacco Business 6
FATHER 12. Name Unknown
13. Birthplace Germany (City, town, or county) _____ (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Geramny (City, town, or county) _____ (State or foreign country)
16. (a) Informant's own signature J. Weggendorf
(b) Address 5300 Arsenal
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/39 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. OCT 25 1939 (Date received by Registrar) (b) J. F. Gredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1939 hour 8:20 minute P.M. M.
21. I hereby certify that I attended the deceased from 7-1-39, 19__, to 10-23-39, 19__; that I last saw him alive on 10-23-39, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	
Due to (onset 1937)	
Due to Generalized Arteriosclerosis ?	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (f) Means of injury _____
23. Signature Paul T. Hartman (M. D. or other)
Address 5300 Arsenal Date signed 10-24-39

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Florenz Eymck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo.

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

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