

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9183

Registrar's No. 2666

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4946 Pershing Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Life time.
 years, months or days)

3. (a) PRINT FULL NAME William Henry Nolker

3. (b) If veteran, name war NONE 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Vera Teichmann Nolker 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased March 16 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 0 5 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Investments

11. Industry or business _____

MOTHER FATHER
 12. Name William F. Nolker
 18. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Vivian Holm Teichmann
 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marjorie Nolker
 (b) Address 4946 Pershing Ave
 17. (a) Cremation (b) Date thereof 3/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla CREMATORY

18. (a) Signature of funeral director Wagoner Und., Co.
 (b) Address 3621 Olive St.

19. (a) MAR 21 1940 (b) J. D. Bruleck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
 (d) Street No. 4946 Pershing Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
 year 1940 hour about 2 minute _____ a. m.

21. I hereby certify that I attended the deceased from Mar. 1, 1937, to Mar 21, 1940;
 that I last saw him alive on Mar. 19, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditic, Chronic (Dysenteric) Atrial Fibrillation 12 yrs.
 Due to General Arteriosclerosis
 Due to _____

Other conditions Thrombosis of left femoral artery due to embolism from left auricle

Major findings: Of operations in December 1939, a amputated of left leg at Barnes Hospital.
 Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Hiram T. Huggitt (M. D. or other)
 Address 3720 Burlington Place JE 1551 Date signed 3/21/40

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

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.

REV. 6-17-39

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 *Neville R. Prohutter*
Licensed Embalmer No. *3696*
P. O. Address *3621 Olive St.*

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.