

No. 2  
-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30793**  
Registrar's No. **8070**

Registration District No. **791** Primary Registration District No. **1003**

FILED OCT 5 1940

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:  
**4507a So. Grand Blvd.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis, Mo.** **15**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0 4507a So. Grand Blvd.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **LOUIS N. NOUSS**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **26**  
year **1940** hour **2** minute **40 P.M.**

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **492-03-7441**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Eva** 6. (c) Age of husband or wife if alive **59** years  
7. Birth date of deceased **November 23 1873**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 1938**, 19 **40**, to **Sept 26**, 19 **40** that I last saw him alive on **Sept 26**, 19 **40** and that death occurred on the date and hour stated above.

8. AGE: Years **66** Months **10** Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Coronary Art. Thrombosis** Duration **5 hrs.**

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

Due to **Senescent Sclerosis**  
Due to **MI**

10. Usual occupation **Department Manager**

Other conditions **Ch. Bronchietis** many years  
(Include pregnancy within 3 months of death)

11. Industry or business **Shapleigh Hardware Co.**

MOTHER FATHER  
12. Name **Henry Nouss**  
13. Birthplace **Alsace-Lorraine**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dorothea Osten**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Catherine Nouss**  
(b) Address **4507a So. Grand**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Sept. 30, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

(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? \_\_\_\_\_

18. (a) Signature of funeral director **J. H. Becken, Pres. & Und. Co.**  
**2842 Meramec St.**  
(b) Address \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **John T. Dugan** (M. D. or other) **M. D.**  
Address **1634 N. Grand** Date signed **9/27/40**

19. **SEP 27 1940** (Date received local registrar) (b) \_\_\_\_\_

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

**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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Robert F. Gebken*

Licensed Embalmer No. 4144

2842 Meramec St.

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, fact should be so stated above.**