

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35928  
State File No. \_\_\_\_\_  
Registrar's No. 203

Registration District No. 757

Primary Registration District No. 5998

Registrar's No. 203

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town Rural - Highway 40 - St. Charles Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(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 St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5621 Pershing (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25  
year 1941 hour 8 minute - P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him Coroner Inquest alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_  
Due to Burned to death  
Due to automobile accident

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 170c 1  
Of operations \_\_\_\_\_  
Of autopsy 14  
20

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) apartment 92  
(b) Date of occurrence Oct 25, 1941  
(c) Where did injury occur? Highway 40 mid W. St. Ch  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway 40

While at work? No (Specify type of place) Burned in  
(e) Means of injury Automobile  
23. Signature D. P. Erwin Schulz (M. D. or other)  
Address St. Charles Mo. Date signed 11/26/41

3. (a) PRINT FULL NAME Soli Nusholtz

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 11 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

11. Industry or business Meat Packer

12. Name Charles Nusholtz

13. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Mathis

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

16. (a) Informant Mrs. Jennie Nusholtz

(b) Address 275 Union

17. (a) Burial (b) Date thereof Oct. 28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Raudaslop Undertaking Co  
(b) Address 5216 Delmar

19. (a) 10-27-1941 (b) Clarence G. Messler  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

2000

677

NOV 21 1941

*Body not Embalmed, to remove Burial.*

**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.....

*Arthur C. Banc*

Licensed Embalmer No.....

*3154*

P. O. Address.....

*St Charles 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.**