

1-4-41
-17-39
X28390

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9506**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital #1 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 Days**
(Specify whether years, months or days)
In this community _____

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. **5520 Genevieve Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **29**,
year **1941** hour **7:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **November 19**,
1941 to **November 29**, **1941**
that I last saw **him** alive on **November 29**, **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebrovascular hemorrhage
left middle cerebral artery 10 days
Due to **Terminal pneumonia**
right lower lobe Bronchitis
Due to **Gen arteriosclerosis**

Duration

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: **30**
Of operations _____
Of autopsy **same**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **John Nolte**

3. (b) If veteran, name war **No** 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 **BERTHA NOLTE** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **NOV. 19 1875**
(Month) (Day) (Year)

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

9. Birthplace **ST. LOUIS MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **LEAF TOBACCO**

12. Name **John NOLTE**

13. Birthplace **MO. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY ?**

15. Birthplace **U.S. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bertha Nolte**
(b) Address **5520 Genevieve Ave**

17. (a) **BURIAL** (b) Date thereof **DEC. 2 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OKAWVILLE, ILL**

18. (a) Signature of funeral director **Bejamin W. H. ...**

(b) Address **1936 St. ...**

19. (a) **DEC 1 1941** (b) **J. P. ...**
(Date received local registrar) (Registrar's signature)

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 **M. M. Karl** (M. D. or other) **0**
Address **1515 Lafayette Ave. S.** Date signed **11/29/41**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Melvin J. Krupar*

Licensed Embalmer No. *3497*

P. O. Address *1936 St Louis*

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.