

FILED MAY 18 1942

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 1051

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8813 Bridgeport Ave. 1
(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

3. (a) PRINT FULL NAME Emma M. Noss

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife Arthur H. Noss 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 18 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Ohnewald

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. H. L. Fischer

(b) Address 8813 Bridgeport Ave.

17. (a) Burial (b) Date thereof 5/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Matthew's Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Claxton Rd at Concordia Lane

19. MAY 13 1942 (Date received local registrar) S. H. McNamee (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8813 Bridgeport
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1942 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from November 29 1941 to May 10 1942
that I last saw her alive on May 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis with aneurysm

Due to flexibility and infected carious teeth

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

not known

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 S. Sterling MD (M. D. or other) _____
Address 7266 Manchester Avenue Date signed _____

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

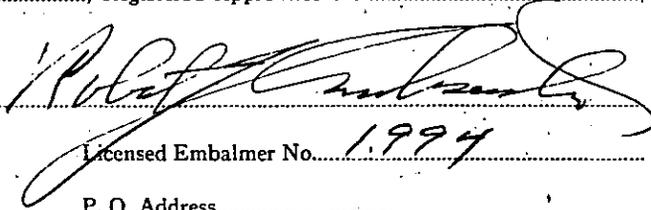
MOTHER FATHER

107

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.....

..... Licensed Embalmer No. 1994

P. O. Address.....

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.