V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

Registration District No. 311

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19072

Primary Registration District No. 3066

Registrar's No. 1335

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Kirkwood Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Agnes Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2223 South tenth St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ANNA NUTTMANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 28 (Day) 1873 (Year)

8. AGE: Years 70 Months 4 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation House-work

11. Industry or business At. Home

FATHER
12. Name Gerard Nuttmann
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Busch
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mother Agnes Superior
(b) Address 10341 Manchester Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter&Paul Cem't.

18. (a) Signature of funeral director Wm. J. Robert
(b) Address 1905 South Grand Blvd.

19. (a) JUN 7 1943 (Date received local registrar) (b) C. S. McGinnis MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th.
year 1943 hour 2 30 minute A. M.

21. I hereby certify that I attended the deceased from 6/4/43, 19 , to 6/5/ , 1943
that I last saw her alive on June 4 , 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	6/4/43
Due to Arterio-Sclerosis	(?)
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 8 3 pm

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 300 N. Taylor Av. Kirkwood Mo. Date signed 6/5/43

(Licensed Embalmer's Statement on Reverse Side)

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 William T. Hiroms

Licensed Embalmer No. 4319

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.