

FILED JUN 13 1945

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5188

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:  
Deaconness Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years  
(Specify whether  
In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME Mollie Nulsen

3. (b) If veteran, name war none  
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Anthony J. Nulsen  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 1, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 10 10 hr. min.

9. Birthplace Dublin, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Isaac Hester

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

14. Maiden name Permillia Bervly

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

16. (a) Informant Mrs. S. C. Stocker

(b) Address Rott Road, Kirkwood

17. (a) cremation (b) Date thereof 6/13/45  
(Special, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd

19. (a) JUN 12 1945 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. 12  
(If rural, give location)  
(e) Citizen of foreign country? No.  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11<sup>th</sup>  
year 1945 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from May 18<sup>th</sup> 1945 to June 11<sup>th</sup> 1945  
that I last saw her alive on June 11<sup>th</sup> 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia 10 days  
Due to Myocardial Weakness

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 100

Of autopsy

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 Arthur W. Westrup (M. D. or other)  
Address Webster - Groves, Mo Date signed 9-2-45

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

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**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 *Neville E Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *4161 Lindell*.....

**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.**