

S. No. 1
M-533
v. 5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25988**
Registrar's No. **7375**

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
Street No. 3111 N. Spring Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Noerteman

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Minnie Noerteman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 3, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 18 hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER } 12. Name Louis Noerteman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christine Slieper
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Noerteman
(b) Address 4509 Chouteau
17. (a) Burial (b) Date thereof 8/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) AUG 24 1945 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 21st
year 1945 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from 8/21/45, 19____, to 8/21/45, 19____;
that I last saw him in alive on 8/21/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Duration _____

Due to _____
Due to _____

Other conditions Carcinoma of prostate
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ PHYSICIAN _____
Of autopsy as above
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) (c) Means of injury _____
23. Signature Herbert C. Duff (M. D. or other) _____
Address 1515 Lafayette 8/28/45

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 *Glenn Eynock*
Licensed Embalmer No. 1284
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.