

FILED MAY 2 1946

State File No. _____

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3729

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:
1716 Veronica Ave /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1716 Veronica Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Emelia Nollmann
 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 Sp
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 6, 1867
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 23, year 1946 hour 9:15 PM minute _____ M.
 21. I hereby certify that I attended the deceased from March 15, 1946 to April 23, 1946.
 that I last saw her alive on April 23, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 8 17 hr. _____ min.
 9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation At home

Immediate cause of death Chronic Myocarditis Duration 15 yrs?
 Due to Hypertension 92 5 yrs?
 Due to _____
 Other conditions Arteriosclerosis 10 yrs
 (Include pregnancy within 3 months of death)

MOTHER FATHER {
 12. Name Heinrich R. Nollmann 4
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 16. (a) Informant Carl L. Hopmann
 (b) Address 1716 Veronica Ave
 17. (a) Burial (b) Date thereof 4/25/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery
 18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave
 19. (a) APR 25 1946 (b) J. Z. Bradeck
 (Date received local permit) (Registrar's signature)

Major findings:
 Of operations _____
 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? _____
 (Specify type of place) _____
 While at work? _____ (e) Means of injury 0
 23. Signature Eugene P. Arnold (M. D. or other) MD
 Address 1479 N. Loran Date signed 4/24/46

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 Raymond F. Hoermann
Licensed Embalmer No. 4266
P. O. Address St. Louis 7, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3779
Registrar's No. 3779

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Emelia Kollmann

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Aug 6 1906
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Specify type of place)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M. 3

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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. D. or other)

Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

MAY 7 1946

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

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