

V. S. No. 2-
00M-5-43
Rev. 5-17-39
I X36671

FILED APR 24 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3199**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO MO

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

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME LIZZIE NOLTE

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** WID

6. (b) Name of husband or wife HERMANN DECEASED **6. (c) Age of husband or wife if alive** years

7. Birth date of deceased NOV 15 1861 (Month) (Day) (Year)

8. AGE: Years 84 85 Months 4 Days 20 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name DONT KNOW

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

14. Maiden name DONT KNOW

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

16. (a) Informant Mrs Nolte

(b) Address 2109 Madison

17. (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** 4 8 1946 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS

18. (a) Signature of funeral director Provoost and Co

(b) Address 5918 N. GRAND

19. (a) APR 6 1946 (Date received local registrar) **(b)** J. F. Bredeh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 2017

(d) Street No. 2109 MADISON (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5TH year 1946 hour 12 10 PM minute 0 M.

21. I hereby certify that I attended the deceased from 19....., 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 Protrusion Left Hip
Extensive blood clot
when deceased fell while
attempting to get into bed
at her home 7106 Madison
at 2:00 P.M. 9/15/46 as above

Other conditions (Include pregnancy within 3 months of death) 17

Major findings: 18
Of operations 18
Of autopsy 18

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) Accident

(b) Date of occurrence April 9, 1946

(c) Where did injury occur? 2109 Madison (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? (Specify type of place) at home

3. Signature Walter J. Perry (M. D. or other) Walter J. Perry

Address Walter J. Perry Date signed 4/6/46

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.....

W. E. Morris

Licensed Embalmer No.....

3360

P. O. Address.....

371050 Grand Bl

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.