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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2970

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH  
(a) County St. Louis  
(b) City or town St. Louis Richmond, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one month  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 16  
(c) City or town St. Louis Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1224 Laclede Station Road  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katherine Nonn  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Otto Nonn  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 7 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 20 hr. min.

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

10. Usual occupation at home

11. Industry or business at home

MOTHER FATHER  
12. Name Julius Lax  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Goebel  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant O E Nonn  
(b) Address Nashville, Tennessee

17. (a) burial (b) Date thereof Nov-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director A. Iron R. & Y. Co.  
(b) Address 2707 N. Grand Bly'd

19. (a) 12-2-46 (b) Ruth A. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1946 hour 2 minute 10 a.m.

21. I hereby certify that I attended the deceased from 11-1-46, 1946, to 11-27, 1946  
that I last saw him or alive on 11-27-46, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pulmonary emboli  
Arteriosclerosis  
Diabetes  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other)  
Address 624 N. Grand Bly'd Date signed 12-2-46

(Licensed Embalmer's Statement on Reverse Side)

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

36505

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

