

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14720**
Registrar's No. **66**

Registration District No. **310**

Primary Registration District No. **3058**

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

1. PLACE OF DEATH:
(a) County **St. Charles**
(b) City or town **St. Charles**
(c) Name of hospital or institution:
St. Joseph Hospital
(d) Length of stay: In hospital or institution **20 days**
In this community **Life time**

3. (a) PRINT FULL NAME **Edmund Louis Nolle**
3. (b) If veteran, name war **NIL**
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 3 1895**

8. AGE: Years **51** Months **11** Days **25**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Charles Missouri**

10. Usual occupation **Accountant**

11. Industry or business **A.F. Schiermeier Hdw. Co**

MOTHER FATHER

12. Name **Louis Nolle**
13. Birthplace **St. Charles Missouri**
14. Maiden name **Wilhelmina Boenker**
15. Birthplace **Cave Springs-St. Charles, Mo.**

16. (a) Informant **Alfred H. Nolle**
(b) Address **116 W. Matthews-San Marcos, Tex**

17. (a) **burial** (b) Date thereof **Apr 30-1947**
(c) Place: burial or cremation **Immanuel Lutheran Cem**

18. (a) Signature of funeral director **H.C. Dallmeyer & Sons Co**
(b) Address **800 N. 2nd-St. Charles, Mo.**

19. (a) **5/1/47** (b) **Francis H. Hueston**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Charles**
(c) City or town **St. Charles**
(d) Street No. **901 1/2 North Second Street**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **28th** day **April**
year **1947** hour **5:45** minute **A.M.**
I hereby certify that I attended the deceased from **Jan 31 1947** to **April 28 1947**
that I last saw him alive on **April 26 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis with infarcts of abdomen of abdominal cavity**
Duration **20 day**

Due to **Perforated Gastric ulcer** 3 mo
Due to _____

Other conditions **Hypostatic pneumonia**
(Include pregnancy within 9 months of death)

Major findings of operations **Perforated Gastric ulcer seen eroded**
Of autopsy **79**

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? _____
(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 **C.A. Barnard** (M. D. or other) _____
Address **St. Charles Mo** Date signed **4/28/47**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-10-47

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.....

Herbert C. Dallmeyer

Registered Apprentice No. *429*

working under my personal supervision.

Signed.....

Joseph I. Landolt

Licensed Embalmer No. *4189*

P. O. Address.....

St Charles

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.