

No. 2
-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19654
State File No. _____
Registrar's No. 1082

Registration District No. 317

Primary Registration District No. 3067

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town City of Ladue - Clayton Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Found in wooded area 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tex (b) County 999

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

(d) Street No. 1213 N. Blanco 2
(If rural, give location)

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

3. (a) PRINT FULL NAME HERMAN JACOB NOCKER

3. (b) If veteran, name war WORLD II

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 6 - 1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>0</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace HOUSTON, TEX.
(City, town, or county) (State or foreign country)

10. Usual occupation MALE NURSE

11. Industry or business GENERAL

12. Name HENRY NOCKER 4

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

14. Maiden name ANNA MAMMERTZ

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS CLARDE W HERIN

(b) Address 3104 STATE ST. EAST LADUE, MO

17. (a) Burial (b) Date thereof 5-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Louis H. Boyd, Inc

(b) Address Karsburg, Mo

19. (a) 5-29-47 (b) Beula J. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25
year 47 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

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

Immediate cause of death strangulation by ligature-body suspended from tree

Due to _____

Due to 1640

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

Major findings:
Of operations _____

XXXXX

Duration _____

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) Suicide

(b) Date of occurrence May 25, 1947

(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Wooded area Strangulation
(Specify type of place) (b) Means of injury

While at work? _____

23. Signature Arnold J. Willmann Coroner
Address Clayton, Mo. Date signed 5/28/47

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

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JUN 30 1947

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.