

FILED JUN 23 1947
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5 873 Plymouth 9
(If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME..... KATE NOLD

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

3. (c) Social Security No.

4. Sex..... Female 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Widowed

6. (b) Name of husband or wife..... John Nold

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... July 11, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>11</u>	<u>5</u>	hr. <u>4</u> min.

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

10. Usual occupation..... Nil

11. Industry or business.....

12. Name..... George Gowan

13. Birthplace..... England 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Katherine Brown

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

16. (a) Informant..... Arthur Crocker

(b) Address..... 3623 Ridgedale, Pine Lawn, Mo.

17. (a) Burial (b) Date thereof..... 6/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters

18. (a) Signature of funeral director..... Edith E. Ambruster

(b) Address..... 4234 Manchester

19. (a) JUN 18 1947 (b) J. F. Brueck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 16th
year..... 1947 hour..... 8:45 minute..... A M.

21. I hereby certify that I attended the deceased from..... 6/14/47
..... 19..... to..... June 16th, 19..... 47.
that I last saw him/her alive on..... June 16th, 19..... 47.
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Ruptured heart into subpericardium myocardial infarct

Due to.....

Due to.....

Other conditions.....
(include pregnancy within 3 months of death) 93

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..... George Brueck (M., D. or other)

Address..... 1515 La Fayette Date signed..... 6/16/47

Duration
1 wk
2 wk

PHYSICIAN
Underline the cause of which death should be charged statistically.

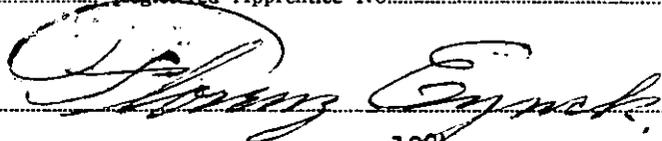
STATEMENT BY LICENSED EMBALMER

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 _____



Licensed Embalmer No. 1284

P. O. Address St. Louis, 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.