S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40030

FILED DEC 6 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10743

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

1. PLACE OF DEATH:
(a) County ?
(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: 4966 Beacon Ave. (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 Mo. (b) County Ooo
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 17
(d) Street No. 4966 Beacon Ave. (If rural, give location) 7 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Louis Nothaker.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 21, 1876. (Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 0 If less than one day hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Maintainance man.
11. Industry or business
FATHER
12. Name Louis Nothaker
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Wilhelm Heitboehm
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Till Nothaker
(b) Address 4966 Beacon Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1947. (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery.
18. (a) Signature of funeral director J. J. [illegible]
(b) Address 1389 Union Blvd.
19. (a) NOV 23 1947 (Date received local registrar) (b) J. Dredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21, year 1947 hour 3 minute 9 M.
21. I hereby certify that I attended the deceased from March 1, 1947, to Nov 21, 1947; that I last saw him alive on Nov 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	1 yr +
Due to	
Due to Cancerous Stomach	1 yr +
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. J. Ryan M.D. (M. D. or other) M.D.
Address 2602 S. Grand Bl. Date signed 11/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Jay Campbell

Licensed Embalmer No. 3881

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.