

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 40480
2608
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY											
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis			c. LENGTH OF STAY (in this place) OR TOWN			c. CITY (If outside corporate limits, write RURAL and give township) 2 nd TOWN St. Louis			2249						
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				d. STREET ADDRESS (If rural, give location) 3636 Pennsylvania Ave. 0											
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle)			c. (Last) Nolte			4. DATE OF DEATH (Month) (Day) (Year) 3/20/51						
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow ✓		8. DATE OF BIRTH Mar. 24, 1884		9. AGE (In years last birthday) 66		10. UNDER 1 YEAR Months Days		11. UNDER 10 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home				10b. KIND OF BUSINESS OR INDUSTRY ---				11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Henry Koehler				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Albert F. A. Nolte							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No ---				16. SOCIAL SECURITY NO. ---				17. INFORMANT'S SIGNATURE OR NAME Edna C. Nolte-3636 Pennsylvania				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL VASCULAR HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE.</u> DUE TO (c) <u>DIABETES MELLITUS.</u>								INTERVAL BETWEEN ONSET AND DEATH 8 HRS. UNKNOWN 6 YRS.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X											
22. I hereby certify that I attended the deceased from <u>MAY 2, 1947</u> , to <u>MAR 20, 1951</u> , that I last saw the deceased alive on <u>MAR 19, 1951</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>Henry Cooper</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>818 OLIVE ST. ST LOUIS 1 MO</u>			23c. DATE SIGNED <u>20 MAR. 1951</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE <u>3/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>									
DATE REC'D BY LOCAL REG. <u>MAR 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Helders</u> ADDRESS <u>3634 Gravois</u>									

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Robert Wheeler

Licensed Embalmer No. 2128

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.