

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43221**  
Registrar's No. **11332**

FILED JAN 10 1952  
BIRTH MO. **1952**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2268</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>3119a Osage</b>		d. STREET ADDRESS (If rural, give location) <b>3119a Osage</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ida</b>	b. (Middle)	c. (Last) <b>Nottelmann</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>Dec. 20 51</b>
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5. SEX <b>FM /</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec 11 1878</b>	9. AGE (In years last birthday) <b>73</b>	10. UNDER 1 YEAR Months Days	11. OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HW</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Adam Klein</b>	13b. MOTHER'S MAIDEN NAME <b>Margerete Bauer</b>	14. NAME OF HUSBAND OR WIFE: <b>Fred (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edward Melchoir</b>	ADDRESS <b>3119a Osage</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) _____</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-sclerosis Heart Failure</b> <b>Death by cerebral degeneration</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>162X</b>
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22. I hereby certify that I attended the deceased from **June 1949**, **Dec 19**, 19**51**, that I last saw the deceased alive on **Dec 19**, 19**51**, and that death occurred at **3 a.** m., from the causes and on the date stated above.

23. SIGNATURE <b>Shirley Wayland M.D.</b> (Degree or title)	23b. ADDRESS <b>8201 809th St. St. Louis Mo</b>	23c. DATE SIGNED <b>12-20-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/22/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Church Yard</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>DEC 21 1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schumacher Und. Co.</b>	ADDRESS <b>3013 Meramec</b>
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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

*Jack Haupt*

Licensed Embalmer No. *4746*

P. O. Address *St Louis*

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.