No. 300
10.46

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23174

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1690

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELLISVILLE
c. LENGTH OF STAY (in this place): 3½ mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SUNSET SANATORIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND 426 X
d. STREET ADDRESS (If rural, give location): 2326 BURNS AVE

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUST
b. (Middle): HENRY
c. (Last): NOELKER

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced. 3
8. DATE OF BIRTH: AUG 26 1905
9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRICKLAYER
10b. KIND OF BUSINESS OR INDUSTRY: JOURNEYMAN
11. BIRTHPLACE (State or foreign country): GERMANY 4
12. CITIZEN OF WHAT COUNTRY?: GERMANY

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: MABEL NOELKER DIV!

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-24-3899
17. INFORMANT'S SIGNATURE OR NAME: MABEL NOELKER
ADDRESS: 2326 BURNS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
163X
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* May 16, 1952, *to* June 20, 1952, *that I last saw the deceased alive on* June 20, 1952, *and that death occurred at* 9:P m., *from the causes and on the date stated above.*

23a. SIGNATURE: B.R. Loving (Degree or title) M.D.
23b. ADDRESS: Ballwin, Mo.
23c. DATE SIGNED: 6-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-24-52
24c. NAME OF CEMETERY OR CREMATORY: ST PAUL'S CHURCHYARD
24d. LOCATION (City, town, or county) (State): Gutenville Mo.

DATE REC'D BY LOCAL REG.: 6-24-52
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Carl Hillemann
ADDRESS: Overland Mo
SW (Licensed Embalmer's Statement on Reverse Side)

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

Legal 9 Fourth St

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Earl F. Hellerman

Licensed Embalmer No. 3501

P. O. Address Overland 12 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.