

5. No. 300  
v. 10.48

FILED APR 11 1953

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **12770**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **540** Registrar's No. **984**

1. PLACE OF DEATH a. COUNTY <b>St. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SHREWSBURY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SHREWSBURY</b> <b>4567</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>7610 DEVONSHIRE AVE.</b>		d. STREET ADDRESS (If rural, give location) <b>7610 DEVONSHIRE AVE.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LENA</b> b. (Middle) <b>C.</b> c. (Last) <b>NOLTE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 4 1953</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 17, 1871</b>	9. AGE (In years last birthday) <b>81</b>	10. MONTHS <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>JEFFERSON CO. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>ANDRED KLEY</b>	13b. MOTHER'S MAIDEN NAME <b>KATHERINE Kuechermeister</b>	14. NAME OF HUSBAND OR WIFE <b>TONY NOLTE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>SELMA COX, 7610 DEVONSHIRE AVE.</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		
	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.			

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) <b>4222</b>
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?

22. I hereby certify that I attended the deceased from **Jan 1, 1943**, to **Dec 31, 1952**, that I last saw the deceased alive on **Dec 19, 1952**, and that death occurred at **1:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl J. ...</b>	23b. ADDRESS <b>227 E. ...</b>	23c. DATE SIGNED <b>4-4-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Apr. 6, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Lucas Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Sappington Mo.</b>		

DATE REC'D BY LOCAL REG. <b>4-4-53</b>	REGISTRAR'S SIGNATURE <b>Hubert R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jay B. Smith, 7456 Manchester Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 VE Morris

Licensed Embalmer No. 3360

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.