

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32701**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2077**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Mehlville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mehlville 770	
c. LENGTH OF STAY (In this place) 35 Year		d. STREET ADDRESS (If rural, give location) Rt 8 Box 750 (Kerth Rd)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		Rt 8 Box 750 (Kerth Rd)	

3. NAME OF DECEASED (Type or Print)	a. (First) Ernest	b. (Middle) Samual	c. (Last) Nollau	4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 21st 1886	9. AGE (In years last birthday) 68	# UNDER 1 YEAR 4	# UNDER 1 MONTH 5	# UNDER 1 MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Sappington Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Ernest Nollau	13b. MOTHER'S MAIDEN NAME Johanna Bierbaum	14. NAME OF HUSBAND OR WIFE Rosa Nollau
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Rosa Nollau ADDRESS Mehlville Mo. Rt 8 Box 750
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerotic Heart disease DUE TO (c) Cardiac decompensation		1 1/2 yrs. 1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION NO	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) NO	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1951, to Aug 26, 1954, that I last saw the deceased alive on Aug 26, 1954, and that death occurred at 6:15 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Waldo W. Torsman M.D.	23b. ADDRESS 9505 Travis	23c. DATE SIGNED 8-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 30 1954	24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cem.	24d. LOCATION (City, town, or county) (State) Sappington, Mo.
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DATE REC'D BY LOCAL REG. 8/29/54	REGISTRAR'S SIGNATURE Waldo W. Torsman	25. FUNERAL DIRECTOR'S SIGNATURE Key Funeral Home ADDRESS 4110 Lemay Ferry Rd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

Hand

✓ 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: *Ronald O. Yehulke*

Licensed Embalmer No. *3917*

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.