

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39517**  
REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **243** Registrar's No. **2637**

FILED NOV 22 1954

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) <b>Jennings</b>		c. CITY OR TOWN <b>Jennings</b> <b>413</b>	
c. LENGTH OF STAY (In this place) <b>1wk</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hightower Nurs. Home</b>		e. STREET ADDRESS (If rural, give location) <b>8842 May Avenue</b>	

3. NAME OF DECEASED a. (First) <b>Carsten</b> b. (Middle) <b>Nommensen</b> c. (Last) <b>Nommensen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 12 - 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>10 - 19 - 1855</b>	9. AGE (In years last birthday) <b>99</b>	10. IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Schools</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	
13a. FATHER'S NAME <b>Lawrence Nommensen</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Katherine Nommensen</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>Mrs. Clara Tunica, 3860 Ashland Ave.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</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 conditions 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)	
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?	

22. I hereby certify that I attended the deceased from **Nov 5, 1954**, to **Nov 12, 1954**, that I last saw the deceased alive on **Nov 9, 1954**, and that death occurred at **9:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lewis Littmann MD</b> (Degree or title)		23b. ADDRESS <b>8231 Clayton Rd (17)</b>		23c. DATE SIGNED <b>11/13/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/15/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
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DATE REC'D BY LOCAL REGISTRY <b>11/15/54</b>		REGISTRAR'S SIGNATURE <b>Robert S. Amberg</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral 1905 Union Blvd.</b>	
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WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed *Albert R. Thompson*.....

Licensed Embalmer No. *423*.....

P. O. Address *St. Joe*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.