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FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10009**
Registrar's No. **1895**

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5116 Cologne Ave.		STREET ADDRESS (If rural, give location) 15 5116 Cologne Ave. 215/0	
3. NAME OF DECEASED (Type or Print) ESTHER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1955	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 17, 1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.	
13a. FATHER'S NAME Emil Deruntz		14. NAME OF HUSBAND OR WIFE William T. Nolle	
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	
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.		17. INFORMANT'S SIGNATURE OR NAME William T. Nolle	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION Ch. Myocardia Ch. Endocardia 44 yr Probably Rheumatic Chn. Arterio Sclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21f. HOW DID INJURY OCCUR? 4221	
21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []		22. I hereby certify that I attended the deceased from 2/21/55, 1955, to 2/26, 1955, that I last saw the deceased alive on 2/25, 1955, and that death occurred at 12:30 A.M., from the causes and on the date stated above.	
23a. SIGNATURE Dr. H. H. Koch		23b. ADDRESS 1504 S. Grand	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
24b. DATE Mar. 1, 1955		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.	
DATE REC'D BY LOCAL REG. FEB 28 1955		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Stover*.....

Licensed Embalmer No. *40*.....

P. O. Address

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.