

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2909

318

1003

State File No. _____

Registrar's No. **113**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		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 3624 So Compton				f. STREET ADDRESS (If rural, give location) 76 3624 So Compton 21690			
3. NAME OF DECEASED (Type or Print) a. (First) MAY		b. (Middle) -		c. (Last) NUELLE		4. DATE OF DEATH (Month) (Day) (Year) 1-4-1956	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> MARRIED, DIVORCED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> SEPARATED <input type="checkbox"/>		8. DATE OF BIRTH 7-16-1877	
9. AGE (In years last birthday) 78		if UNDER 1 YEAR Months 5 Days 18		if UNDER 4 HRS. Hours 18 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HOMEWORK.		11. BIRTHPLACE (City and State; Foreign Country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME GERHARDT HOLTMAN		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE DECKASEID.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO (If in foreign war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Edith Mitchell 3624 So Compton			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary thrombosis. DUE TO (c) Arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 12 mos.	
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) (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 Sept. 1955 , to Jan. 4, 1956 , that I last saw the deceased alive on Jan. 4, 1956 , and that death occurred at 3:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John T. Lawton, M.D.				23b. ADDRESS 5397 Grand Blvd		23c. DATE SIGNED Jan 5, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-7-1955		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. JAN 5 1956		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE W. J. Ingbermelle		ADDRESS 3819 So Grand Blvd	

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

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 *Geo. Klingbein*
Licensed Embalmer No. *461*
P. O. Address *H. Rowin*

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.