S. No. 300
v. 10.48

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

FILED APR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15097

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3529

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 08 DEACONESS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2127 04500 WASHINGTON BLVD.

3. NAME OF DECEASED (Type or Print)
a. (First): META
b. (Middle): E.
c. (Last): NOLLAU

4. DATE OF DEATH (Month) (Day) (Year): APRIL 11, 1957.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: SEPT. 18, 1879.
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC & NURSING
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): SAPPINGTON, MO.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: ERNEST NOLLAU
13b. MOTHER'S MAIDEN NAME: JOHANNA BIERBAUM
14. NAME OF HUSBAND/OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: REV. H.E.KOENIG, 4500 WASHINGTON BLVD.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of cerebral arteries, multiple — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis, cerebral — 10 yrs
DUE TO (c) Diabetes mellitus — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acoustic neuroma — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 April, 1957, *to* 11 April, 1957, *that I last saw the deceased alive on* 11 April, 1957, *and that death occurred at* 10:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Barrow MD
23b. ADDRESS: 110 S. Central Clayton 5
23c. DATE SIGNED: 12 April 57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 4/15/57.
24c. NAME OF CEMETERY OR CREMATORY: ST.LUCAS CEMETERY
24d. LOCATION (City, town, or county) (State): SAPPINGTON, MO.

DATE REC'D BY LOCAL REG. APR 12 '57
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd. St. Louis, Mo.
S.P. (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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Ralph C. Zimdem.....

Licensed Embalmer No..4275..

P. O. Address..St. Louis..M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.