

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46166  
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's **12277**

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY                                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis Mo.</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>St. Louis</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>      |
| c. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>01</b><br><b>Masonic Home of Missouri</b>   |                                  | (If NOT in hospital, give location & length of stay in lb)  | d. STREET ADDRESS<br><b>112</b><br><b>5351 Delmar</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Jacob</b> Middle <b>None</b> Last <b>Nolting</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>19</b> Year <b>1957</b>  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Aug. 27, 1869</b>  |
| 9. AGE (In years last birthday)<br><b>88</b>  |                                  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Clerk</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>retired</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                  | 13. FATHER'S NAME<br><b>Adolph Nolting</b>  |   |
| 14. MOTHER'S MAIDEN NAME<br><b>Katherine Kennell</b>  |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                      |   |
| 16. SOCIAL SECURITY NO.<br><b>491-14-6271</b>   |                                  | 17. INFORMANT<br><b>Leoni Robinson</b> Address<br><b>Masonic Home of Missouri</b>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of Prostate</b><br>DUE TO (b) <b>Generalized Arteriosclerosis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>177x</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 years</b><br><b>20 years</b>   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____<br>a. m. _____ p. m. _____  |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____  |   |
| 21. I attended the deceased from <b>June 1, 1957</b> to <b>Dec. 19, 1957</b> and last saw her <b>alive on Dec 19, 1957</b><br>Death occurred at <b>2:30 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE<br><b>Harold E. Walters M.D.</b> (Degree or title)   |                                  | 22b. ADDRESS<br><b>3720 Washington St. Louis Mo.</b>  |   |
| 22c. DATE SIGNED<br><b>12-20-57</b>   |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   |                                  | 23b. DATE<br><b>12/21/1957</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>J L Ziegenhein &amp; Sons</b> ADDRESS<br><b>7027 Gravois</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 21 1957</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith M.D.</b><br><b>m &amp; B</b>   |                                  |   |   |

(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 emb

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

working under my personal supervision...

Student.....  
Signature of Student Embalmer

Signed: *Donald E. Benz*

Licensed Embalmer No. *496*

P. O. Address *7077 So*

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