

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027496

FILED VS JUL 22 1959 17

Registration District No. \_\_\_\_\_ Primary Registration District No. 543 Registrar's No. 1844

STATE FILE NUMBER

INDEXED

|  |  |   |  |   |  |  |   |                                   |  |
|--|--|---|--|---|--|--|---|-----------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY _____ |  |  |   |                                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Jennings</u>   |  | Length of stay in 1b<br><u>1 day</u>  |  | c. CITY OR TOWN <u>St. Louis</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |                                   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>High Tower Nursing Home</u>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>4847a Farlin Avenue</u>        |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Mary</u> Middle _____ Last <u>Nolting</u>   |  |   |  | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>8</u> Year <u>1959</u>   |  |  |   |                                   |  |
| 5. SEX<br><u>female</u>  | 6. COLOR OR RACE<br><u>white</u>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>7-18-1864</u>  | 9. AGE (last birthday)<br><u>94</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____  |                                   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Homemaker</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u>                                  |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Missouri</u>           |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                                   |  |
| 13a. FATHER'S NAME<br><u>George Wingmann</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Wilhelmina Bierbaum</u>                              |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u>   |   |                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |  |   | 16. SOCIAL SECURITY NO.<br>_____   |   | 17. INFORMANT<br>Address<br><u>Mrs. Roy H. Bleikamp, 4847 Farlin Avenue</u>        |  |   |                                   |  |
| 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) <u>Arteriosclerotic Cardiovascular Disease</u>   |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Unknown</u>                                    |                                   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (b) _____  |  | DUE TO (c) _____  |  |  |   |                                   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |                                   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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 _____ a.m. _____ p.m.  | Month, Day, Year _____                 |   |  |   |  |  |   |                                   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   |   | STATE                             |  |
| 21. I attended the deceased from <u>July 7, 1959</u> to <u>July 8, 1959</u> and last saw her <u>July 7, 1959</u> alive on <u>July 7, 1959</u><br>Death occurred at <u>1:10 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |   |                                   |  |
| 22a. SIGNATURE<br><u>Lewis Litzmann MD</u> (Degree or title)   |  |   |  | 22b. ADDRESS<br><u>8231 Clayton Rd (7)</u>  |  |  |   | 22c. DATE SIGNED<br><u>7/9/59</u> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 23b. DATE<br><u>July 11, 1959</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Peter's Cemetery</u>                    |   | 23d. LOCATION (City, town, or county)<br><u>St. Louis County, Missouri</u> (State) |  |   |                                   |  |
| 24. FUNERAL DIRECTOR<br><u>Math Hermann &amp; Son, Inc., 2161 E. Fair Av</u> ADDRESS   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>7-9-59</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>John P. Murphy, MD</u>   |   |                                   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alfred B. Burns  
Licensed Embalmer No. 4202

P. O. Address St. Louis

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.