

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. FEB 15 1960

=60-004359

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 134

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | Length of stay in 1b D.O.A. | c. CITY OR TOWN Breckenridge Hills Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3256 Coles Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) Kenneth William Nolting | | | 4. DATE OF DEATH Month January Day 13 Year 1960 | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-27-21 | 9. AGE (last birthday) 38 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled Veteran | 10b. KIND OF BUSINESS OR INDUSTRY - - - | 11. BIRTHPLACE (City and state or country) Wellston, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Martin W. Nolting | 13b. MOTHER'S MAIDEN NAME Hattie M. Lorenz | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#2 | 16. SOCIAL SECURITY NO. 186-16-7974 | 17. INFORMANT Hattie M. Nolting, 3256 Coles Ave. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Post-traumatic encephalomalacia leading to:- Epileptic seizure with 1) Reflexion of gastric contents + 2) Apoplexia | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? 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.) |
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| 20c. TIME OF INJURY Hour _____ 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 | COUNTY | STATE |
|---|--|--|------------------------------|--------|-------|

21. I attended the deceased from _____, to _____ and last saw ^{her}him alive on _____.
Death occurred at 3:48 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE John C. Murphy MD (Degree or title) | 22b. ADDRESS 801 S. Brentwood Clayton, Mo. | 22c. DATE SIGNED |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-16-1960 | 23c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery | 23d. LOCATION (City, town, or county) (State) Bellefontaine Neighbors, Mo. |
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| 24. FUNERAL DIRECTOR Baumann Bros. Inc. Overland, Mo. | 25. DATE RECD. BY LOCAL REG. 1-14-60 | 26. REGISTRAR'S SIGNATURE John C. Murphy MD |
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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 David C. Gibb

Licensed Embalmer No. 3457
P. O. Address Ourlan

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.