

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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ENDED

FILED VS MAR 3 1 1960

60-013030
 STATE FILE NUMBER

2 3205

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b | c. CITY OR TOWN St. Louis | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 6320 GARDENVILLE | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last LAURA J NUTTLI | | | 4. DATE OF DEATH Month Day Year MARCH 19 1960 | | |
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|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|----------------|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/28/1893 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME JOHN WELKENER | 13b. MOTHER'S MAIDEN NAME ANNA JOHNSON | 14. NAME OF HUSBAND OR WIFE MAX H. |
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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) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Address MAX H NUTTLI 6320 GARDENVILLE |
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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) | Myocardial Infarction | 1 day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary artery thrombosis | 1 day |
| | DUE TO (c) Hypertensive Cardio-vascular disease | 3 yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-1 | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) 420-1 |
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| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 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 |
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| 21. I attended the deceased from 2/7/60 to 3/19/60 and last saw her alive on 3/11/60 Death occurred at 130 A m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Edward W. Czobinski M.D. | 22b. ADDRESS 3701 Grand St | 22c. DATE SIGNED (State) 3/19/60 |
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|---|-------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 3/21/1960 | 23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK | 23d. LOCATION (City, town, or county) AFFTON, Mo. |
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| 24. FUNERAL DIRECTOR J L ZIEGENHEIN & SONS | ADDRESS 7027 GRAYOIS | 25. DATE RECD. BY LOCAL REG. MAR 19 1960 | 26. REGISTRAR'S SIGNATURE Paul Smith M.D. |
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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 Donald E. Bering

Licensed Embalmer No. 4863

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.