

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 8 1960

-60-036431

NDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9353** STATE FILE NUMBER

10-14-60

| | | | | | | | | |
|---|--|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | | | Length of stay in 1b 4 Yrs. | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5903 Wabada Ave. | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 5903 Wabada Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First William Middle C. Last Nolte | | | 4. DATE OF DEATH Month 9 Day 21 Year 1960 | | | | | |
| 5. SEX Male | 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 12/19/91 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Car Driver (ret.) | | | 10b. KIND OF BUSINESS OR INDUSTRY Funeral Directors | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Louis Nolte | | | 13b. MOTHER'S MAIDEN NAME Emma Reupke | | | 14. NAME OF HUSBAND OR WIFE Juliette Nolte | | |
| 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. 495-28-5267 | | 17. INFORMANT Address Mrs. Juliette Nolte, 5903 Wabada | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6hr. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease | | | | | | | | |
| DUE TO (c) Pneumonia | | | | | | | | |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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 | | | | |
| 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 |
| 21. I attended the deceased from Dec 1947 to 9/21/60 and last saw him alive on 9/21/60 | | | | Death occurred at 1 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) Wm. Weiler M.D. | | | 22b. ADDRESS 1506 Woodmont | | | 22c. DATE SIGNED 9/22/60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 9/23/60 | 23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | | |
| 24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd. | | | 25. DATE RECD. BY LOCAL REG. SEP 23 1960 | | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. | | | |

St. Louis Funeral Directors Funeral

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF funeral director

1208 HOURLA MONT
EV 5-9190
Hrs. 2-4 Thomas. San

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

Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address. H. Davis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 'co 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.