SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027805
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1853

FILED JUL 19 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mehlville (29) — Length of stay in 1b: YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Nazareth Convent — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Mehlville (29) — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): Forder Road — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First REV. Middle GEORGE Last NOLTE

4. DATE OF DEATH: Month July Day 1, Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Widowed ☐ Never Married X Divorced ☐
8. DATE OF BIRTH: 4/14/88
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Catholic Preist
10b. KIND OF BUSINESS OR INDUSTRY: Nazareth Convent
11. BIRTHPLACE (City and state or country): Case, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edmond Nolte
13b. MOTHER'S MAIDEN NAME: Margaret Weber
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

17. INFORMANT: John Nolte Address: 2025 Stillwater Dr. (14)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart Failure.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardio Vascular Disease.
DUE TO (c): Arteriosclerosis.
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3/15/46, to 4/22/61 and last saw ~~her~~ him alive on 4/22/61
Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James P. Hade MD
22b. ADDRESS: 634 North Grand Ave.
22c. DATE SIGNED: 7/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: July 5, 1961
23c. NAME OF CEMETERY OR CREMATORY: St. Anthony Cemetery Churchyard
23d. LOCATION (City, town, or county): Case, (State) Mo.

24. FUNERAL DIRECTOR: Fendler Und. Co. ADDRESS: 7420 Michigan Ave. (11)
25. DATE RECD. BY LOCAL REG.: 7-3-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

Dr. J. P. Wade
Mo. Theatre Bldg
JE 3-8620-
1-4.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mic

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