

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36343

FILED NOV 20 1943

Registration District No. 318

Primary Registration District No. 1003

State File No. 9844
Registrar's No.

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **6581 Bradley**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **DELLA NOLTE-FISHER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 30 1876**
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **0 Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business **James P. Kincaid**

12. Name **James P. Kincaid** 13. Birthplace **0 Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Ronsick** 15. Birthplace **0 Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy M. Nolte--Son**
(b) Address **5840 Mardel, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **11-11-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L.**
(b) Address **6464 Chippewa St. Louis, Mo.**

19. (a) **NOV 10 1943** (b) **J. J. Budek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6581 Bradley**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9th**
year **1943** hour **7** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **Nov 4** 19**43** to **Nov 9** 19**43**
that I last saw her alive on **Nov 7** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema** Duration **2 days**

Due to **Coronary Artery Disease**

Due to **Arterio Sclerosis**

Other conditions **Diabetes**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **H. C. Krenning** While at work? _____
Specify type of place) Means of injury _____

Address **4548 Harris** Date signed **11/9/43**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Lawrence C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broadway

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 this body is not embalmed, fact should be so stated above.