MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4154

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2904 Texas ave St. ..... Ward)

File No. ..... Registered No. 777

2. FULL NAME Carolina Nolte

(a) Residence. No. 2904 Texas ave St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carl Nolte

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 5-1851

7. AGE: Years 78 | Months 0 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Unknown Tutte
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown Bruns
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: August Nolte
(Address) 3674 Wilmington Ave

15. FILED 16 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 14th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1929 to Jan 14, 1929 that I last saw her alive on Jan 14, 1929, and that death occurred, on the date stated above, at 3.45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

13L
11B 906 (duration) 2 yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY)
Hypostatic Pneumonia (duration) ..... yrs. ..... mos. 3 ds.
no Labor or Bronchs #103

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs & Symptoms

(Signed) M. W. Gansloser, M. D
Jan 15, 1929 (Address) 3019 So. Jefferson Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St Marcus
DATE OF BURIAL: 1-16-1929

20. UNDERTAKER: Witt Bros L&U Co 2929 So Jefferson
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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