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.

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

JUN 4 1935

Do not use this space.

15169

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B — File No.

City Jefferson Barracks (No. Veterans Administration Facility St. Ward) — Registered No. 139

2. FULL NAME Theodore H. Nolte

(a) Residence, No. 151 Louisiana St., Ward. St. Louis, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation All his life

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Nolte

14. BIRTHPLACE (CITY OR TOWN) Hanover, Germany (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Whilmine Bothe

16. BIRTHPLACE (CITY OR TOWN) Hanover, Germany (STATE OR COUNTRY) Germany

17. INFORMANT W. C. Gibson, M. D. (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Apr. 12 1935

19. UNDERTAKER Bendernagel (ADDRESS) 1930 St. Louis Ave.

20. FILED Apr 10 1935 L. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1935, to April 9, 1935

I last saw him alive on April 9, 1935 Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with hypertrophy and dilatation, congestive type of cardiac failure	Unkn.

Other contributory causes of importance

Anemia, symptomatic, moderate.

Name of operation None Date of

What test confirmed diagnosis? history, physical, x-ray and laboratory findings, clinical manifestations. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Gibson, M. D. Chief Med. Officer, M. D.

(Address) Vet. Adm. Facility. Jefferson Barracks, Missouri