

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

39374
Do not use this space.

DEC 13 1937

791
1008

Registered No. 10361

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital 0.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Nolte
(a) Residence, No. 1926 South 12th St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/7/37 1937

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

22. I HEREBY CERTIFY That I attended deceased from 11/3/37 to 11/7/37, 1937.
I last saw him alive on 11/7/37, 1937. Death is said to have occurred on the date stated above, at 9.05 a.m. &

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29, 1864

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 — — 58

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 11

*Gastric ulcer perforated
Peritonitis - acute diffuse
Adhesive pericarditis*

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

Other contributory causes of importance:
*Generalized arteriosclerosis
Old with Hemiplegia
Results of cerebral hemorrhage*

FATHER 13. NAME Carl Nolte

Name of operation Date of operation

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

What test confirmed diagnosis? Was there an autopsy? Yes

MOTHER 15. MAIDEN NAME Sophia ?

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.

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

Manner of injury
Nature of injury

17. INFORMANT (ADDRESS) Hosp Info M. Kent

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM DATE NOV. 10 1937

(Signed) Charles M. Jessier, M. D.
(Address) City Hospital 0.1

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schurr 3125 Lafayette Ave

20. FILE NO. NOV 8 1937 J. P. Bredeck Local Registrar.

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.

add 2

STATEMENT BY LICENSED EMBALMER

I, James Gullwan, Licensed Embalmer No. 2260
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Gullwan
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed James Gullwan
Licensed Embalmer No. 2260

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.)