

JAN 10 1938

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

42850  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St Louis Mo.** (d) Street No. **St Johns Hospital** 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 **Jerry Allen Nottigham.**

(a) Residence, No. **1901a Ofallon St.** St. **21**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 27 1937**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**2 2**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri.**

13. NAME **Ora Nottigham.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois.**

15. MAIDEN NAME **Cecile Labbee.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois.**

17. INFORMANT (ADDRESS) **Ora Nottigham. 1901a Ofallon St.**

18. BURIAL CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **12/2/37**

19. FUNERAL DIRECTOR (ADDRESS) **CENTRAL UNDERTAKING CO. 1841 Iaso Ave**

20. FILED **DEC 2 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/29/37**  
22. I HEREBY CERTIFY, That I attended deceased from **Oct 10**, 19**37**, to **Nov 29**, 19**37**  
I last saw him alive on **Nov 29**, 19**37** Death is said to have occurred on the date stated above, at **4 P.M.**  
The principal cause of death and related causes of importance were as follows:

*acute enteritis*

*11912*

Other contributory causes of importance: *acute dilatation of heart.*

Name of operation *Repair of chest* Date of *11-1-37*  
What test confirmed diagnosis? *Chest* Was there an autopsy? *no*

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? *no*  
If so, specify  
(Signed) *Wm H. Glinn* M. D.  
(Address) *Wm. H. Glinn Club Play*

Date of onset *Nov 1-1937*  
*one hour*

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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STATEMENT BY LICENSED EMBALMER

I, Albert H. Hojke, Licensed Embalmer No. 1861

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Albert H. Hojke  
Licensed Embalmer No. 1861

**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.)**