L 28 1938

REC'D AUG 9 1938

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

26513
Do not use this space.

3

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 115 — Registered No. 1279
(c) City University City. (d) Street No. Shaftesbury & Jackson St, 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.

4.00

2. PRINT FULL NAME Oscar Nohl.
(a) Residence, No. 7343 Delmar Blvd. St.
(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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Edith Nohl.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1872

7. AGE: Years 66 — Months 4 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as saw mill, bank, etc. Lawyer.
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) St. Louis. Mo.

FATHER
13. NAME Francis Nohl.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Doris Plass.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Mrs. Edith Nohl.
(ADDRESS) 7343 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory 7-29-38, 19

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly.
(ADDRESS) 3840 Lindell Blvd.

20. FILED JUL 28 1938, 19 — F. H. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 m. A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by automobile exhaust gas (carbon monoxide)	7/28/

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs phys. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 7/28/38
Where did injury occur? University City Mo. (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Hose from exhaust pipe into auto.
Nature of injury CO2 poisoning.
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) John A. Donnelly, M. D.
Address Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER, 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.

X14028

JAN 30 1948

OCT 21 1948

APR 3 1949

JAN 30 1957

OCT 24 1944

MAR 25 1947

JAN 21 1952

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address.....

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, above space should be left blank.