

1930 MAR 13 1930

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

5222
Do not use this space.

1915

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City..... (d) Street No. 5653 Hiller Pl. 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

426 Harry Nolker,
(a) Residence, No. 5653 Hiller Pl. St. 7
(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 Mamie Nolker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as saw mill, bank, etc. City, St. Louis
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 Frederick Nolker,

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

MOTHER 15. MAIDEN NAME Anna Hussman

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

17. INFORMANT Mrs. Mamie Nolker (ADDRESS) 5653 Hiller Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Stock und. 2117 E. Grand Blvd.

20. FILED FEB 28 1939 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1939

22. I HEREBY CERTIFY That I attended deceased from May 1938, to Feb. 27, 1939. I last saw him alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 1 P.M.

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

Chronic myocardial & auricular fibrillation 2 yrs?
Chronic passive congestion due to circulatory failure 2 months

Other contributory causes of importance:

930

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Thomas P. Wilson, M. D.
(Address) 4362 W. Name

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.

J O Nelson
4362 Name

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.....

Frank A. Moore

Licensed Embalmer No.

13041

P. O. Address.....

2117 E. Grand

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.