

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.

Registration District No. 791
1008

Primary Registration District No. _____

Registrar's No. 9165

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Emergency to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 7108 Southwest Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?
No Physician in Attendance _____ years.

3. (a) PRINT FULL NAME Margaret Nowotny : 250
3. (b) If veteran, name war None
3. (c) Social Security No. 489-10-6121

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 25th
year 1939 hour 5:30 minute 0 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ollie Nowotny
6. (c) Age of husband or wife if alive 58 years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased April 7th 1891
(Month) (Day) (Year)

Immediate cause of death Fracture of Skull Duration _____
Broken neck when she was struck by a Missouri Pacific locomotive
Due to, manned by Thomas Thomas, Sued Engineer, Walter Magg, fireman,
Due to Edward Bradley, conductor, while she was crossing against
Other conditions the signals about 7100
(Exclude pregnancy within 3 months of death)
Southwest Avenue about

8. AGE: Years Months Days If less than one day
48 6 18 hr. _____ min. _____

Major findings:
Of operations 5:25 P.M., October
line 25, 1939
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stemming Dept.
11. Industry or business Liggett & Myers
12. Name August Restle
13. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Margaret Albers
(City, town, or county) (State or foreign country)
15. Birthplace Lincoln County Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Ollie Nowotny
(b) Address 7104 Southwest Ave.
17. (a) Burial (b) Date thereof 10-28-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway
19. (a) OCT 26 1939 (b) _____
(If Registrar's Seal) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide, (specify) Accident
(b) Date of occurrence October 25, 1939
(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)
(e) While at work? _____ (f) Manner of injury _____
23. Signature Alfred Perry (M. D. or other) _____
Address Republy Corvora Date signed 10.26.39

CITY CORONER

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 Reinhold A. Lohmann

Licensed Embalmer No. 3395

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.