

Registration District No. 791

Primary Registration District No. 1003

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 yrs. years, months or days)

8. (a) PRINT FULL NAME Harry Herman Nolte

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-01-4364

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith M. Nolte 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept. 11th, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 20 hr. min.

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

10. Usual occupation Private Watchman

11. Industry or business Famous-Barr

MOTHER FATHER { 12. Name Herman Nolte

13. Birthplace Ills.
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Jasper

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith M. Nolte

(b) Address 2109 Madison St

17. (a) Cremation (b) Date thereof 5-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Investment Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAY 3 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2109 Madison St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st. year 1940 hour 6.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-26-40 to 5-1-40, 19____; that I last saw him alive on 5-1-40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma

Due to Hypertension

Due to Stenosis of the Coronary Arteries

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1 2 1
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. K. Anderson (M. D. or other) _____

Address 4932 Mary Ave Date signed 5/3/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 5-17-39
Rev. 5-17-39
U.S. GOVERNMENT PRINTING OFFICE

R. K. Adams
4932 Maryland
1-4

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smither
Licensed Embalmer No. 3916
P. O. Address 3710 N. Grand Bl

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.