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(21492)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29599

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1630

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8832 May St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Katherine Nommensen 552

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Karsten Nommensen

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased July 18, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>6</u>	hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Karsten Nommensen

(b) Address 8832 May St. Jennings, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 8/27/40
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 27 1940
(Date received local registrar)

(b) R. M. Meyer
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 8832 May St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 56 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24, year 1940 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 23, 1940, to Aug 19, 1940.
that I last saw her alive on Aug 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Grsc

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations

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?
(Specify type of place) (e) Means of injury

23. Signature R. J. Mellis (M. D. or other)

Address 3825 N. 20th Date signed 8-26-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 William G. Buchho

Licensed Embalmer No. 2110

P. O. Address St. Louis 9.

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.

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