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5-17-37  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14152

2

FEB 25 1941

Registration District No. 191

Primary Registration District No. 1003

Registrar's No. 14152

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wheatoness 6150 Oakland Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 72 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Monroe 999  
(c) City or town Waterloo Ill  
(If outside city or town limits, write "RURAL")  
(d) Street No. 308 West Mill St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 7 years.

3. (a) PRINT FULL NAME CLARA L. NOLLAU

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 28 - 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John H. NOLLAU  
13. Birthplace Millville MO  
(City, town, or county) (State or foreign country)  
14. Marital status Widow  
15. Birthplace Cumberland, Drediana  
(City, town, or county) (State or foreign country)

16. (a) Informant Armin A. Nollau

(b) Address 524 N. 2nd Columbia Ill

17. (a) Waterloo Ill (b) Date thereof Jan 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo Cem.

18. (a) Signature of funeral director H. Greenheim  
(b) Address Waterloo Ill

19. (a) 1-1-41 (b) J. T. Fredick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1  
year 1941 hour 7 minute 5 P. M.

21. I hereby certify that I attended the deceased from Nov 1  
1940 to Jan 1, 1941  
that I last saw h. r. alive on Dec 30, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Unterschieds Circumstances of Pharyngeal Protrusion

Due to Secondary to Breast Cancer

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 L. H. Thompson (M. D. or other) \_\_\_\_\_  
Address 203 Prussmann Bldg Date signed 1/7/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

R. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis, Mo.

**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.**