

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10136

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4304 N. Euclid Ave.
(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)

3. (a) PRINT FULL NAME Minnie C. Nolte

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Henry F. Nolte 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 21st, 1941
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Ahlemeier
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Boeckenkroeger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry F. Nolte
(b) Address 4304 N. Euclid Ave

17. (a) Burial (b) Date thereof 12/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) DEC 22 1941 (b) J. F. Bredek
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 7 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4304 N. Euclid Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th
year 1941 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec 1939 to Dec 19 1941
that I last saw her alive on Dec 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis and cerebral hemorrhage
Due to Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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) (c) Means of injury _____

23. Signature J. F. Kiefer (M. D. or other) _____
Address 312 21 Grand Date signed 12/21/41

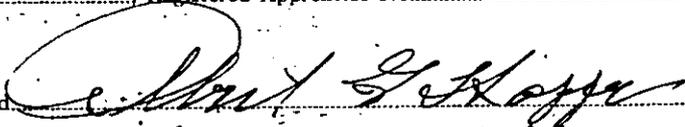
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

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 .....

Licensed Embalmer No. 2971.....

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.