

FILED APR 8 1942
791
Registration District No.

1003
Primary Registration District No.

State File No. 2314
Registrar's No.

20
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4011 Palm St.
(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 Josephine Rose Nold

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Frank Nold

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

7. Birth date of deceased Dec. 8th. 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 3 5 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name William Schifferdecker

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

14. Maiden name Hennerritta Storck

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

16. (a) Informant Neoma K. Nold

(b) Address 4011 Palm St.

17. (a) Burial (b) Date thereof 3-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeburg, Ill.

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAR 14 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4011 Palm St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1st, 1940, to March 13, 1942.

that I last saw her alive on 13th March, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Uterus) 2 yrs

Due to Haemorrhage 4 1/2 Days

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: [Signature]

Of operations _____

Of autopsy _____

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 W. Jackson Miller (M. D. or other) _____
Address 3869th at Grand Date signed Mar 14 1942

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. Smith

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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.