

FILES MAY 20 1942

Registration District No. 757

Primary Registration District No. 5998

Registrar's No. 286

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town RURAL ST. CHARLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
EVANGELICAL EMMAUS HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 YRS. 7 months
25 DAYS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME FRIEDERIKA WILHELMINA NOELKEN

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

4. Sex FEMALE 5. Color or 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 MARCH 28 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 12 If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name unknown

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Theophil Storker

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof April 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem, St. Louis, Mo

18. (a) Signature of funeral director Leidner and Co.

(b) Address 2223 St. Louis Ave.

19. (a) April 10, 1942 (b) Clarence G. Wesseler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 100
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1942 hour 5 minute 30 9 M.

21. I hereby certify that I attended the deceased from April 1st 1942 to April 10th 1942
that I last saw her alive on April 9th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Brocken Compensation 10 days

Due to Chronic Myocarditis 1 yr.

Due to Sen Arterio Sclerosis 10 yrs

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

Major findings:
Of operations no

Of autopsy no

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? _____

(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 Ed Perich Schuyler (M.D. or other)

Address St Charles Mo Date signed 4/11/42

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

9200

*Dr. A. P. C. Schultz
804 clay*

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.