. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28224

State File No.

FILED SEP 8 1942

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1802

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
575 Yale, Ave. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. # 575 Yale, Ave.,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Magdalena S. Nooter.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John Nooter.

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

7. Birth date of deceased Oct. (Month) 13th (Day) 1872 (Year)

8. AGE: Years 69 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Amsterdam, (City, town, or county) Holland 4 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Henry Schneider.
13. Birthplace Amsterdam, (City, town, or county) Holland 4 (State or foreign country)

MOTHER
14. Maiden name Jacmina Combrink.
15. Birthplace Amsterdam, (City, town, or county) Holland 4 (State or foreign country)

16. (a) Informant Harry Nooter.
(b) Address 428 Sherwood Dr.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar, Blvd.

19. (a) AUG 28 1942 (Date received local registrar) (b) E. G. McGowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th
year 1942 hour 7 minute 55 P M.

21. I hereby certify that I attended the deceased from May 15, 1942, to Aug 27, 1942
that I last saw her alive on Aug 27-1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho pneumonia	4 days
Due to Cerebral Arterio-Sclerosis	
Due to General Arterio-Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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)
While at work? (e) Means of injury

23. Signature Archie D Carr (M.D. or other) MD
Address 3720 Washington Date signed 8/28/42

701

(Licensed Embalmer's Statement on Reverse Side)

Dr. Archie D. Carr.
3720 Washington,
JE- 1551
1-4 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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, fact should be so stated above.