S. No. 2
M—1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32288

State File No. 8595

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: Faith Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 910
(If outside city or town limits, write "RURAL")

(d) Street No. 4043 St. Louis Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Andrew C. Nolde

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Julia Nolde

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

7. Birth date of deceased April 5, 1867
(Month) (Day) (Year)

8. AGE: Years 75 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Postal Employe

11. Industry or business

FATHER
12. Name John Nolde
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Nolde
(b) Address 4754 A Labadie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Wm. F. Taschedag
(b) Address 2825 N. Grand Blvd.

19. (a) OCT 16 1942 (Date received local registrar) (b) J. F. Beldeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th
year 1942 hour 5. minute 45 P.M.

21. I hereby certify that I attended the deceased from April 23, 1942 to Oct 15, 1942
that I last saw him alive on 10-15-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to Arterio sclerosis
Chronic Bronchitis

Due to Inflammation of Bronchi

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature John J. Kehoe MD (M. D. or other)

Address 4145 St Louis Date signed 10/16/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1944

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.