

S. No. 2
M-5-42
v. 5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1942
Registration District No. 784

Primary Registration District No. 112

Registrar's No. 2346

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 218 Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution nil
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 218 Madison
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Henry Nonnenmacher

3. (b) If veteran, name war no

3. (c) Social Security No. 498-12-7556

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

6. (b) Name of husband or wife Edith Nonnenmacher 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 11, 1880
(Month) (Day) (Year)

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

<u>62</u>	<u>3</u>	<u>26</u>	hr. min.
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9. Birthplace Cattawissa, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER {

12. Name Antone Nonnenmacher

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

14. Maiden name Unknown

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

16. (a) Informant Edith Nonnenmacher

(b) Address 218 Madison

17. (a) Burial (b) Date thereof 11-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) NOV 10 1942 (b) C. E. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1942 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Oct 25 1942 to Nov 7 1942
that I last saw h.a. W alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____

Due to 467

Other conditions 467
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: 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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. P. Alexander Smith (M. D. or other) _____
Address W. P. Alexander Smith Date signed 11-9-1942

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

Me R

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. P. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.

APR 11 1968