

No. 2
-5-42
-17-39
X32287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26136**
Registrar's No. **1812**

FILED AUG 14 1943

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH
(a) County **St. Louis County**
(b) City or town **ELLISVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Kiefer Creek Road**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **96**
(c) City or town **Ellisville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Kiefer Creek Road.** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINTED FULL NAME **Edward H. Noltkamper**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Anna Noltkamper** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Nov. 1st, 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **4**
If less than one day hr. min.

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

10. Usual occupation **retired - Buffer**

11. Industry or business **St. Louis Cutting Die Co.**

12. Name **Edward Noltkamper**

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

14. Maiden name **Hanna Knoblia**

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

16. (a) Informant **Mrs. Anna Noltkamper**

(b) Address **Kiefer Creek Road**

17. (a) **Burial** (b) Date thereof **Aug. 9-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **AUG 7 1943** (b) **C. J. McLaughlin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5th**
year **1943** hour **10:30** minute **A** M.
21. I hereby certify that I attended the deceased from **August**
Aug. 2, 19**42** to **August 5th**, 19**43**;
that I last saw him alive on **Aug. 2**, 19**43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **arteriosclerosis**

Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **8341**

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 **B.P. Loving** (M. D. or other) **med**
Address **Ballwin** Date signed **8-5-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.