

S. No. 2
DM-5-43
7. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12148**
Registrar's No. **857**

FILED APR 15 1944

Registration District No. **37 1944** Primary Registration District No. **3069**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution March 5, 1944
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 667 W. Lockwood
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD F. NOLTE
3. (b) If veteran, name war no
3. (c) Social Security No. 497-20-6710

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 7
year 1944 hour 8:00 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Nolte
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased 11 15 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-1-44 to 4-7-44 19 44
that I last saw h. in alive on 4-7 19 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 4 22 hr. min.

Immediate cause of death Pulver Pneumonia Duration 8 days
Due to
Due to

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Architect

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
Major findings: Ruptured ganglion Appendix
Of operations
Of autopsy

11. Industry or business
12. Name William Frederick Nolte
13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)
14. Maiden name Fredericks Krueger
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Carl Schwarz
(b) Address 103 Austin Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-1944
(Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

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?

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Boulevard
19. (a) APR 11 1944 (Date received local report) (b) E. H. Mc Gowan, MD (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature E. Barnett (M. D. or other)
Address 243 W. Jefferson Date signed 4-4-44

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

MOTHER FATHER

Mr. C. E. Bennett.
243 W. Jefferson Ki. 944
Kirkwood, Mo.

~~WST~~ L NHI

JUL 29 1945

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 Jos. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 2770 Delmar

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.