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DM-5-43  
v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CUSTOMS

THE STATE BOARD OF HEALTH OF MISSOURI

# FILED SEP 14 1946 STANDARD CERTIFICATE OF DEATH

28931

Registration District No. **318** Primary Registration District No. **1003** State File No. **28931** Registrar's No. **2317**

**1. PLACE OF DEATH:**

(a) County..... **St. Louis**

(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Missouri Baptist Hospital**  
(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..... **Franklin**

(c) City or town..... **Leslie**  
(If outside city or town limits, write "RURAL")

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

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

**3. (a) PRINT FULL NAME** **Louis H. Nolting**

**3. (b) If veteran, name war** **Nil**

**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** **Clara Nolting**

**6. (c) Age of husband or wife if alive** **59** years

**7. Birth date of deceased** **December 13 1883**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>62</b>	<b>8</b>	<b>16</b>	hr. min.

**9. Birthplace** **Beaufort Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Machinist**

MOTHER FATHER

**11. Industry or business**

**12. Name** **Herman Nolting**

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

**14. Maiden name** **Unknown Hotmer**

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

**16. (a) Informant** **Davis Nolting**

(b) Address **8515 Pennsylvania Ave.**

**17. (a) Burial** (b) Date thereof **8-31-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beaufort, Missouri**

**18. (a) Signature of funeral director** **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

**19. (a) SEP 2 1946** (b) **J. F. Bruner**  
(Date received local registrar's certificate) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **August** day **29**  
year **1946** hour **6** minute **a** M.

**21. I hereby certify that I attended the deceased from** **Aug 19 1946** to **Aug 29 1946**  
that I last saw him alive on **Aug 28 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary embolism, bilateral** Duration **14 hrs**

Due to..... **Phlebo thrombosis** ?

Due to..... **Appendicitis, acute** **5/1/2** **3 days**

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

Major findings: **Appendicitis acute**

Of operations..... **Appendectomy 8/19/46**

Of autopsy..... **Embolism, pulmonary, bilateral**

**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?

While at work..... (Specify type of place)

(e) Means of injury.....

**23. Signature** **Howard Sheffer** (M. D. or other)  
Address **4500 Olive** Date signed **8/30/46**

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

2179

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**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..... *John S. Penney* .....

Licensed Embalmer No..... *4194* .....

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.**