

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17040

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 79

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin 36

(c) City or town Rural, Beaumont
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Louisa Nothaker

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1947 hour 4 minute 15 P.M.

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

7. Birth date of deceased: May 1 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-23 1947 to 5-24 1947
that I last saw her alive on 5-24 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months - Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death: Coronary Occlusion Duration 24 hrs

Due to Arteriosclerotic
Cardiovascular Disease 2 Weeks

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ferdinand Weber 4

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

14. Maiden name Louisa Bouslerding

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

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

Major findings: Q3D

Of operations _____

Of autopsy _____

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

16. (a) Informant Louis W Nothaker

(b) Address 4966 Beacon Ave St Louis

17. (a) Burial (b) Date thereof May 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director E. J. Kemme

(b) Address Beaumont, Mo

19. (a) May 24 1947 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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. J. Stahlman (M. D. or other) H.D.

Address Beaumont, Mo Date signed: 5/24/47

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

MOTHER FATHER

Date Filed: _____

Index File Number: JUN 4 1947

State Health Officer No. 91

RECEIVED

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 _____

E. H. Lemme

Registered Apprentice No. _____

working under my personal supervision.

Signed *E. H. Lemme*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort Mo*

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.