

No. 2
12-45
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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. 19202

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5139

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4004 LEXINGTON AVENUE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... LIFE (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MR. HENRY C. NUNNENKAMP

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased..... DECEMBER 14th, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 7 hr. min.

9. Birthplace... SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation... PARK ATTENDANT

11. Industry or business... CITY OF SAINT LOUIS

MOTHER FATHER { 12. Name... HENRY NUNNENKAMP

13. Birthplace... GERMANY #

14. Maiden name... HANNAH FOENKEMANN (State or foreign country)

15. Birthplace... GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant... MISS EMMA NUNNENKAMP
(b) Address... 4004 LEXINGTON AVENUE

17. (a) BURIAL (b) Date thereof... MAY 24th, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... ZION CEMETERY

18. (a) Signature of funeral director... CALVIN F. FEUTZ
(b) Address... 4828 NATURAL BRIDGE BOULEVARD

19. (a) MAY 23 1947 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... B.S.O.
(c) City or town... SAINT LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No... 4004 LEXINGTON AVENUE 4
(If rural, give location)
(e) Citizen of foreign country? NO. 10 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21st
year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 21 1947 to May 21 1947;
that I last saw him alive on May 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary thrombosis

Due to... Chronic Coronitis

Due to... Chronic interstitial nephritis
Chronic Myocarditis

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

Major findings: Of operations... 181

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?

While at work... (Specify type of place) (e) Means of injury.....

23. Signature... H. G. Krenning (M. D. or other)
Address... K. S. U. Harris Krenning Date signed... 5/22/47

Mo. 5758
1 to 2 PM

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 A. Miller*
Licensed Embalmer No. *4186*
P. O. Address *St. Louis 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.