3. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22536

FILED JUN 30 1947

Registration District No. 8197

Primary Registration District No. 1003

Registrar's No. 5910

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Jewish 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 Illinois (b) County Calhoun 999

(c) City or town Brussells 11
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Theresa Nolte

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Nolte

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November (Month) 9 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	7	6	hr. min.

9. Birthplace Deer Plains (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lawrence Arnold
13. Birthplace Brussells (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Toppmeyer
15. Birthplace Deer Plains (City, town, or county) Illinois (State or foreign country)

16. (a) Informant John Nolte
(b) Address Brussells, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Brussells, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1947 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from 1-28- 1941 to 6-14- 1947
that I last saw her alive on 6-14- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Brain

Due to Primary Ca

Due to Breast Gen, Metastasis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no 50

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. C. Schnoebelen (M. D. or other)
Address 462 N Taylor Date signed 6/16/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

P.C. Schnoebelen

FEB 21 1955

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. Elmo R. Caldwell

Licensed Embalmer No. 4077

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.