S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36689

State File No. .....

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2317

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Halls Ferry Memorial Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5016 North Broadway 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Estella T. Nothaker
3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August J. Nothaker
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept. 14, 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	1	19	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation At home
11. Industry or business .....
FATHER
12. Name John Young 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Anna Stahl
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant August J. Nothaker
(b) Address 5016 N. Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) 11-4-47 (Date received local registrar) (b) Cecilia J Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd year 1947 hour 2:00 PM minute ..... M.
21. I hereby certify that I attended the deceased from June 21, 1946 to Nov 2, 1947 that I last saw her alive on Nov 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis and bronchial asmuth — Duration

Due to —

Due to — 92E

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

Major findings:
Of operations —
Of autopsy —

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) No
(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? No (Specify type of place)
While at work? — (e) Means of injury —
23. Signature N. Shaver (M. D. or other)
Address 2739 N. Grand Date signed 10-3-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 4202

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.