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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6828

State File No. _____

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **2148**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starloff
(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)

3. (a) PRINT FULL NAME FRANK NOLKEMPER

3. (b) If veteran, name war No. 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Nolkemper 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 12, 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Machine Operator

11. Industry or business _____

12. Name Anton Nolkemper

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

14. Maiden name Bernadine Glesker

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

16. (a) Informant Mrs. Catherine Nolkemper

(b) Address 2206 Saltsbury St.

17. (a) Burial (b) Date thereof 3-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter B. Borchert

(b) Address 2228 St. Louis, Ave.

19. (a) MAR 7 1948 (b) _____
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2206 Salisbury, St.
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th
year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/23/48
_____, 19____, to Feb. 29th, 19____
_____, 19____, to Feb. 29th, 19____
that I last saw him alive on Feb. 29th, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Lung w/ metastases
Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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 W. Dalton (M. D. or other) _____
1515 Lafayette 2/1/48
Address Date signed

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.....

W. W. Wilkinson

Licensed Embalmer No. 3575

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.