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3908

STANDARD CERTIFICATE OF DEATH

State File No. 15024
Registrar's No. 9810

FILED APR 30 1948

Registration District No. 517

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution:
249 Fannie Ave.
(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 Fred Nottbush

3: (b) If veteran, name war No 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 None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 4, 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

MOTHER FATHER { 12. Name ? Nottbush
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name ? Nottbush
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Cooper
(b) Address 249 Fannie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 48
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Fendler Und. Co

18. (a) Signature of funeral director _____
(b) Address 7420 Michigan Ave.

19. (a) 4-17-48 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lemay
(c) City or town Lemay (If outside city or town limits, write "RURAL")
(d) Street No. 249 Fannie Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 10:30 minute _____ a. M.

21. I hereby certify that I attended the deceased from March 16, 1945 to April 16, 1948
that I last saw him alive on April 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis and cardiac decompensation Duration 3 yr

Due to Bronchial and Cardiac asthma 3 yr

Due to _____
Other conditions (include pregnancy within 3 months of death) 430

Major findings: Of operations _____
Of autopsy _____

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 [Signature] (M.D. or _____)
Address 762 Lemay Ferry Rd Date signed 4-17-48

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 E Morris

Licensed Embalmer No. 3360

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.