

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17556  
4762  
Registrar's No.

BIRTH NO.		REG. DIST. NO. E001		PRIMARY REG. DIST. NO. 81E		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		17 6 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hosp.				d. STREET ADDRESS (If rural, give location) 3915 Tholozan					
3. NAME OF DECEASED (Type or Print) a. (First) Ida Nowotny			b. (Middle)			4. DATE OF DEATH (Month) (Day) (Year) May 29, 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Aug. 12, 1879			
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 9		IF UNDER 24 HRS. Days 17		9. AGE (In years last birthday) 69			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Casper Haller		13b. MOTHER'S MAIDEN NAME Ida Unk		14. NAME OF HUSBAND OR WIFE William E. Nowotny		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Russell Nowotny			ADDRESS 6134 S. Grand	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cerebro-Sclerosis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		911			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500					
22. I hereby certify that I attended the deceased from 1943 to 5/29-49, that I last saw the deceased alive on 6/29, 1949, and that death occurred at 1 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph L. Jensen, M.D.				23b. ADDRESS 4065-50 Grand		23c. DATE SIGNED 5/31-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-1-49		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. MAY 31 1949				REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.			

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

Dr. J. L. Ferris  
4065 S. Grand.  
163 P.M.

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *David Lee Forson*

Licensed Embalmer No. *42429*

P. O. Address *5322 S. Grand*

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.