

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18375  
State File No. \_\_\_\_\_  
Registrar's No. **4511**

FILED JUN 6 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>4511</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2169</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>16</b> <b>4002 Utah St.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle) <b>W.</b>			c. (Last) <b>Nowotny</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5/14/52</b>				
5. SEX <b>0</b> <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>		8. DATE OF BIRTH <b>Aug. 11, 1891</b>		9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lino-Type Operator</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Post-Dispatch</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b> <b>U</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Gottlieb Nowotny</b>				13b. MOTHER'S MAIDEN NAME <b>Anna Beckerle</b>				14. NAME OF HUSBAND OR WIFE <b>Ella</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ella Nowotny-4002 Utah St.</b>						ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-Vascular disease</b>								<b>2 yrs.</b>			
		DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Vascular thrombosis</b>								<b>10 wks</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <b>4221</b>											
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)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from <b>2-19, 1947, to 5-14, 1952</b> , that I last saw the deceased alive on <b>5-14, 1952</b> , and that death occurred at <b>12:05 p.m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>D. C. Lindeman M.D.</b>				(Degree or title)				23b. ADDRESS <b>4126 S. Shen Ave.</b>			23c. DATE SIGNED <b>5/15/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5/17/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 15 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacker-Walden 3634 Gravois</b>							

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

**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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert C Wheeler

Licensed Embalmer No. 2128

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.