

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33802

FILED OCT 1 1953

State File No. 33802

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7639

| | | | | | |
|---|--|---|---|-----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | c. LENGTH OF STAY (In this place) 3 Hours | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 4850 | | d. STREET ADDRESS (If rural, give location) 652 Ellwine Drive, |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Anthonys Hospital | | | | | |
| 3. NAME OF DECEASED (Type or Print) STEPHEN | | a. (First) | b. (Middle) | c. (Last) NOLDE | 4. DATE OF DEATH (Month) (Day) (Year) August 3rd, 1953 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0 | 8. DATE OF BIRTH Sept. 7th, 1950 | 9. AGE (In years last birthday) 2 | 10. KIND OF BUSINESS OR INDUSTRY None |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (infant) | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Edwin William Nolde | | 13b. MOTHER'S MAIDEN NAME Wanda Kiser | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Edwin Wm. Nolde, 652 Ellwine Dr., Lemay, 23 | | | |
| 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) Polio myelitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 5 days |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) 080.3 | | 21d. (STATE) | |
| 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 | | | |
| 22. I hereby certify that I attended the deceased from Aug 1st, 1953, to Aug 2nd, 1953, that I last saw the deceased alive on Aug 2nd, 1953, and that death occurred at 12:30A. m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Arnold Klein M.D. | | 23b. ADDRESS 2632 So Kings Highway | | 23c. DATE SIGNED 8-9-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8/6/53 | 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery | 24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri | | |
| DATE REC'D BY LOCAL REG. AUG 4 1953 | REGISTRAR'S SIGNATURE Carl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. | | |

(Licensed Embalmer's Statement on Reverse Side)

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 *John A. Minor*
Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.