

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39071

FILED NOV 22 1954

State File No. \_\_\_\_\_

10351

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10351</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>Saint Louis Missouri.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis Mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d.. FULL NAME OF HOSPITAL OR INSTITUTION <b>3304a Keokuk Street.</b>				e. STREET ADDRESS (If rural, give location) <b>16 3304a Keokuk Street.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>E</b> c. (Last) <b>Nolde</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13 1954.</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 1st, 1875.</b>		
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		IF UNDER 24 HRS. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Saint Louis Missouri.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Charles Bickel</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>John T. Nolde.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John P. Nolde</b> ADDRESS <b>Melrose Hotel Dallas Tex</b>				
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) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arterio Sclerosis</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 <b>2 months</b>  <b>4 years</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____				
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? <b>4200</b>				
22. I hereby certify that I attended the deceased from <b>Jan 20th 5/10</b> <b>Nov 13th 1954</b> that I last saw the deceased alive on <b>Nov 8th 1954</b> , and that death occurred at <b>11:00A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>J J Gallagher</b>				23b. ADDRESS <b>MO 3903 Olive</b>		23c. DATE SIGNED <b>Nov 15th 54</b>		
24a. BURIAL, CREMATION (REMOVAL) (Specify) <b>Cremation</b>		24b. DATE <b>Nov. 15, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>3211 Sublett St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 15 1954</b>		REGISTRAR'S SIGNATURE <b>J Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MO Ziegenbein Bros.</b> ADDRESS <b>6409 Gravois Ave.</b>				

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

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**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.....  
Signature of Student Embalmer

Signed.....  
*Van M. Seymour*

Licensed Embalmer No. 434

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

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