FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30458
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2124

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 119 W.Etta ave. — Length of stay in Ib 17 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Lemay 4870, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 119 W.Etta ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First August — Middle H. — Last Nottelmann

4. DATE OF DEATH: Month August Day 25 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH December 8,1883

9. AGE (In years last birthday) 73 — 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) Steamfitter

10b. KIND OF BUSINESS OR INDUSTRY Steamfitting

11. BIRTHPLACE (City and state or country) St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492-09-9765

17. INFORMANT Address Mrs.Oneida Miller 119 W.Etta ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMA OF PROSTATE (Inoperable) — ??
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 24, 1957 to August 25, 1957 last saw her/him alive on Aug.24/57
Death occurred at 12.-05 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. H. Peters (Degree or title) M.D.

22b. ADDRESS 4445 a South Grand

22c. DATE SIGNED 8/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug.28,1957

23c. NAME OF CEMETERY OR CREMATORY St.Trinity Cemetery

23d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Rd.Lemay,Mo.

24. FUNERAL DIRECTOR C.Hoffmeister Mortuaries — ADDRESS 7814 S.Broadway

25. DATE RECD. BY LOCAL REG. 8-26-57

26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill C. Brann

Licensed Embalmer No. 4...

P. O. Address St. Lou

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.