

S. No. 300  
DM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37787

FILED DEC 7 1948  
Registration District No. 376

Primary Registration District No. 3060

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

Registrar's No. 375

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

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Farmington, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
401 W. Liberty  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois

(c) City or town Farmington  
(If outside city or town limits, write "RURAL")

(d) Street No. 401 W. Liberty  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARRY FREDERICK NOLTKAMPER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 494-10-1302

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26  
year 1948 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1:00 PM  
11-26-48, 1948, to 2:45 PM 11-26-48, 1948;  
that I last saw him alive on 11-26-48, 1948;  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife EDITH ZOLMAN NOLTKAMPER 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: APRIL 5, 1877  
(Month) (Day) (Year)

Immediate cause of death  
Acute Coronary occlusion  
due to generalized  
arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 71 Months 7 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: St Louis (City, town, or county) Mo. (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation factory

11. Industry or business Shoe factory

12. Name EDWARD ~~AL~~ NOLTKAMPER

13. Birthplace GERMANY 4 KNALHOPE  
(City, town, or county) (State or foreign country)

14. Maiden name HELENA ~~HELENA~~

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant CLYDE NOLTKAMPER

(b) Address FARMINGTON, MO.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-29-48  
(Month) (Day) (Year)

(c) Place: burial or cremation PARKVIEW CEM.

18. (a) Signature of funeral director C. H. Cozear

(b) Address Farmington, Mo.

19. (a) 11-29-48 (Date received local registrar) (b) C. H. Cozear (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature M. Langdon (M. D. or other) MD  
Address Farmington, Mo. Date signed 11-27-48

MAR 21 1948

Health Officer No. 4  
District File Number 1248-152  
Date Filed 12-6-48

**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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. Cozear  
Licensed Embalmer No. 4084  
P. O. Address Garminto, 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.**