

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38307

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **10972**
St. Ward)

2. FULL NAME

Henry C. Noll
(a) Residence. No. *3816 W 23* St., *26* Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* | 4. COLOR OR RACE *White* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Bertha Noll.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1-26-1881*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>46</i>	<i>10</i>	<i>9</i>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Letter Carrier*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St Louis*
(STATE OR COUNTRY) *MO*

10. NAME OF FATHER *Charles Noll.*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Josephine Uhrig*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *St Louis MO*

14. INFORMANT *Mrs Bertha Noll*
(Address) *3816 W 23 St.*

15. FILED *REC -7* 19*27* *Max B Starkloff*
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 5 1927*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 7 1927 to Dec 1 1927*
that I last saw h. *in* alive on *Nov 5 1927*, and that death occurred, on the date stated above, at *9⁰⁰ P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
12:15
13:30
CONTRIBUTORY (SECONDARY) *Perennial Obcs + chronic affluence*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH. DATE OF *Nov-11-1927*
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Fundus*
(Signed) *Ed Ball* M. D.
(Address) *227 Belt*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Cemetery Cem.* DATE OF BURIAL *12/8 1927*

20. UNDERTAKER *H.A. Stock Mud Co* ADDRESS *2417 E Grand*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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