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

Do not use this space.

8266

1. PLACE OF DEATH

County ..... Registration District No. 91

Township ..... Primary Registration District No. 03

City St. Louis Mo. (No. St. Johns Hospital. St. ..... Ward)

File No. ..... Registered No. 1915

2. FULL NAME Emma B. Noel

(a) Residence. No. Louisiana Mo. St., 12 Ward. Louisiana Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Noel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 28/1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	4	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisiana
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frank Betwas

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

12. MAIDEN NAME OF MOTHER Kate Housman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Austria

14. INFORMANT Mrs. Jess Conrad
(Address) Louisiana Mo

15. FILED FEB 10 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1929, to Feb 9, 1929, that I last saw her alive on Feb 9, 1929, and that death occurred, on the date stated above, at 3 40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

46 498 1095

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Vulva

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) W. J. Gallagher, M. D

2/9, 1929 (Address) University Club Bldg

*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	DATE OF BURIAL
Louisiana Mo.	Feb. 11 - 1929
20. UNDERTAKER Suda Und. Co	ADDRESS Louisiana Mo

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.

235

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4352a Forest Park [illegible]