

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... **St. Louis** Primary Registration District No. **1003**
 City..... (No. **4027**) **St. Louis** St. **25** Ward

File No. **21819**
 Registered No. **5542**
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **4027 W. 25th** St. **20** Ward.

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. (If nonresident, give city or town and State)

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 **Margaret (Ninster) Noss**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 24-1889**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	45	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Railroad**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Firmen**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME **Wm Noss**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wubmann**

15. MAIDEN NAME **Wubmann**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wubmann**

17. INFORMANT (ADDRESS) **Margaret Noss 4027 W. 25th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June 4, 1934**

19. UNDERTAKER (ADDRESS) **Pastorshaus and Co 4742 W. Florissant Ave**

20. FILED **W-3 1934** **J. J. Bredeck Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **May 1, 1933** to **June 1, 1934**

I last saw him alive on **May 28, 1934** Death is said to have occurred on the date stated above, at **8 a.m.**

The principal cause of death and related causes of importance were as follows:

chronic myocarditis Date of onset **5/6/33**
Heart Protection Date **6/1/34**

Name of operation **none** Date of.....

What test confirmed diagnosis? **History & exam** (there an autopsy?) **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **no** Date of injury....., 19.....

Where did injury occur? **no**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **no**

Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **W. William T. Hirsch**, M. D.

(Address) **3552 N Grand**

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.

