

REC'D MAY 1 0 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH **791**

13024

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... 1 Registration District No. **1003**  
(b) Township ..... Primary Registration District No. ....  
(c) City **St. Louis** (d) Street No. **3019 Missouri Ave.** St. **16**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **3628**

## 2. PRINT FULL NAME

**Oscar Noack 200**  
(a) Residence, No. **3441 Chippewa St.** St. **16**  
(Usual place of abode, if no street address, write county or city) (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 **Wilma Noack**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 1 1874.**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**63 10 =**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired (12 yrs)**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Clerk**  
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) **Kansas**

FATHER 13. NAME **August Noack**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Wilma Noack**  
(ADDRESS) **3441 Chippewa St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **April, 19- 1938**

19. FUNERAL DIRECTOR **Wacker-Helderle**  
(ADDRESS) **2331 S. Broadway**

20. FILE **APR 19 1938** **J. F. Budeck**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

**No attending physician.**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April, 16th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on...../19..... Death is said

to have occurred on the date stated above, at **4 P.M.**

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

**Ruptured Aortic Aneurysm.**

Date of onset

Other contributory causes of importance: **Ab.**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

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

Manner of injury..... **See above**

Nature of injury.....

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

If so, specify.....

(Signed) **Joseph M. Zwick** M.D.(Address) **Deputy Coroner**

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

50M-7-20-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

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I, Robert Wheeler, Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. 2128 or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.)