

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

23921
 Do not use this space.

1. PLACE OF DEATH **DEPT AUG 1st 1938**

(a) County **1** Registration District No. **791**
 (b) Township **1** Primary Registration District No. **1003** Registered No. **6615**
 (c) City **ST. LOUIS** (d) Street No. **En route City Hospital** St.
 (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. da.

2. PRINT FULL NAME **Bartholomew Noonan 550**
 (a) Residence, No. **1203 IOWA** St. **NR** **Wallerston Stn**
 (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) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **MARGARET NOONAN**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 3, 1874**
 7. AGE YEARS **64** MONTHS **6** DAYS **20** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Horse shoer**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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**

FATHER 13. NAME **James Noonan**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Bridget Kenny**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **CLARENCE NOONAN 1203 IOWA**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **July 26 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Croghan Undertaking Co. 7146 Manchester Ave**

20. FILED **JUL 25 1938 J.T. Bredek** Local Registrar

NO PHYSICIAN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/23/38** 19

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 **11:55A.M.**

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

Coronary Occlusion
Chronic Stalled Nephritis
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **No.**

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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No.**
 If so, specify..... (Signed) **Joseph M. Quirk**
 (Address) **Deputy Coroner**

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Francis A. Williamson, Licensed Embalmer No. 3565

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

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.)