

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 12792
Registrar's No. 3222

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2612 N. Union
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 57 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adolph J. Noelke

3. (b) If veteran, name war no 3. (c) Social Security No. 490-01-1726

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ann Noelke 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct 23 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace New Haven, Connecticut
(City, town, or county) (State or foreign country)

10. Usual occupation Linotype Letter

11. Industry or business South District

12. Name Joseph Noelke

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Kesselring

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ann Noelke

(b) Address 2612 N. Union

17. (a) Burial (b) Date thereof April 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. P. Bredbeck

(b) Address 4212 St. Louis Ave

19. (a) APR 14 1941 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2612 N. Union
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 - 1941
_____ year 1941 hour 4:00 minute 2 P.M.

21. I hereby certify that I attended the deceased from April 10-1941
_____ 19____ to April 12 - 1941
that I last saw him alive on April 11 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure
accompanied myocardium
Due to mitral insufficiency

Due to acute stenosis
Other conditions inflammation
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Murphy (M. D. or other) _____
Address 2612 N. Union Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. Wm. Binkley

Licensed Embalmer No. *36513*

P. O. Address.....

St. Louis, Mo

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.)

If this body is not embalmed, fact should be so stated above.