

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Mo.**

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 days**
25 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lizzie Noble**

3. (b) If veteran, name war.....

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Col.**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Noble** 6. (c) Age of husband or wife if alive **50** years

Birth date of deceased **March 10, 1896**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	3	4	hr. min.

9. Birthplace **Nancy, Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Wife**

11. Industry or business

12. Name **Hamp Thompson**

13. Birthplace **Nancy, Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie Johnson**

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

16. (a) Informant **Mrs. Beard**

(b) Address **2908 Madison Ave.**

17. (a) **Burial** (b) Date thereof **6-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem.**

18. (a) Signature of funeral director **W. C. Gordon**

(b) Address **2649 Delmar Blvd.**

19. (a) **JUN 20 1941** (b) **J. H. Redick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis,** **2017**
(If outside city or town limits, write "RURAL")

(d) Street No. **2908 Madison** **9**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6th.** 14th. day
year **1941** hour **10:20** minute..... P. M.

21. I hereby certify that I attended the deceased from **May 21st.** **41** **June 14th.** **41**
er **6-14** to **6-14**, 19**41**

that I last saw h alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease** **3 Yrs.**
Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **95**

Of autopsy.....

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).....

(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 **Armenia** (M. D. or other)
Address **2601 N. Whittier** Date signed **6/16/41**

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.....

William Claude Gordon....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *2649 Nelmar Bl*

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.