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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35752

Primary Registration District No. 1003

Registrar's No. 9900

1. PLACE OF DEATH:

(a) County

(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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 8 Concord Drive
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fern Ella Noack

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martin R. Noack

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Aug. 4, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	21	hr. min.

9. Birthplace New Canton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James H. Rainwater
13. Birthplace Summersett, Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Crews
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant M. R. Noack
(b) Address 8 Concord Drive E St Louis Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Canton, Ill.

18. (a) Signature of funeral director
(b) Address East St. Louis, Ill.

19. (a) Nov (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th year 1942 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from November 21, 1942, to November 25, 1942 that I last saw him alive on November 25th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebellar lesion	
tumor or infratentorial	
~~Due to~~ post ventriculogram	
Hypertension	
~~Due to~~	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Cerebellar lesion
Dilated ventricular system

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

23. Signature Helen Reller (M. D. ~~or other~~)
Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3162

P. O. Address.....

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.