

FILED MAR 4 1948

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County St. Louis Mo  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4918 Geraldine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Patrick Joseph Noonan  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Delia Noonan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 12th 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 14 hr. min.

9. Birthplace Ireland (City, town, or county) (State or foreign country)

10. Usual occupation Painter-retired

11. Industry or business \_\_\_\_\_

12. Name John Noonan

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

14. Maiden name Mary Quinn

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

16. (a) Informant wife- Mrs. Delia Noonan

(b) Address 4918 Geraldine

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 No. Euclid

19. (a) FEB 28 1948 (Date received local registrar) (b) J. J. Bredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 12  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4918 Geraldine (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 26, year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 10 to Feb. 26, 1943 that I last saw him alive on Feb. 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 3 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ 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 R. P. McEnown (M. D. or other) MD  
Address 5330 Geraldine Date signed 2/26/43

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

*Sullivan  
Funeral Home*

**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.

*3077*

working under my personal supervision.

Signed

*Albert Mayfield*

Licensed Embalmer No.

*3077*

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.**