. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36258

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10358

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

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR BECK MO
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE A. NOLL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife ANNA NOLL

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased NOV. (Month) 2 (Day) 1861 (Year)

8. AGE: Years 83 Months 0 Days 29 If less than one day hr. min.

9. Birthplace NEAR BECK (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business

FATHER
12. Name CASPER NOLL
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

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

16. (a) Informant MRS ANNA NOLL
(b) Address KIMMSWICK MO R.R. #1

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof DEC 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation ST JOHNS CEM. BECK MO

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO

19. (a) DEC 5 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1 year 1944 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11-26, 1944, to 12-1, 1944, that I last saw him alive on 11-30-44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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 [illegible] M.D. (M. D. or other)

Address Kimmswick Mo Date signed 12/2/44

(Licensed Embalmer's Statement on Reverse Side)

10358

10358

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, ~~only~~ .....

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

working under my personal supervision.

Signed. Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address. MD

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.