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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **1060**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4807 Northland Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 617
(d) Street No. 4807 Northland
(If rural, give location) 90
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kate Noll
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 29
year 1947 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from Mar 1946
_____ 19 _____ to Jan 28 1947
that I last saw her alive on Jan 28, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 6 4 _____ hr. _____ min.

Immediate cause of death Cardio-vascular disease Duration 2 yrs
Due to Senility
Due to 55
Other conditions Abdominal carcinomas, Probable.
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Milliner
11. Industry or business Unemployed
12. Name Jacob Noll
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dietz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Drury
(b) Address 4807 Northland
17. (a) Burial (b) Date thereof 2/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Virden, Illinois

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 _____

18. (a) Signature of funeral director: Provant Und. Co.
(b) Address 3710 N. Grand Blvd.
19. (a) JAN 31 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Anthony V. Beauvais (M. D. or other) MD
Address 2801 N. Taylor Date signed Jan 30 1947

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

*a. v. Ammons
2801 22 Taylor*

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..... *W. E. Morris*

Licensed Embalmer No..... *3360*

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.