No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16788

FILED JUN 14 1948

Registration District No. FR 162 Primary Registration District No. 5595 Registrar's No. 33

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON 50
(c) City or town RURAL 01
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR BECK 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA M. NOLL
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLIAM NOLL
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC (Month) 23 (Day) 1882 (Year)

8. AGE: Years 65 Months 5 Days 8 If less than one day hr. min.

9. Birthplace ANTONIA (City, town, or county) MO (State or foreign country) 0
10. Usual occupation HOUSE WIFE
11. Industry or business HOUSE WORK

FATHER
12. Name PETER GRAB 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA MARIE UNKNOWN 9
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant ELMER NOLL
(b) Address ARNOLD MO R.R.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation BECK LUTHERAN CEMETERY
18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO
19. (a) June 3-48 (Date received local registrar) (b) Phil J. Kirk (Registrar's Signature) 145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31 year 1948 hour 6:00 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 1943 to 5/31/48 and that I last saw her alive on 5/30/48 and that death occurred on the date and hour stated above.

Duration

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

PHYSICIAN
Underline the cause of 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 J. Reich M.D. (M. D. or other) M.D.
Address Kimmswick Mo. Date signed 6/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 9 1948

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 Elmer H. Eligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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.