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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 28069

Registrar's No. 7579

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital- Max C. Starkloff Memorial

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

(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 099

(c) City or town: Saint Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 4048a N. Grand Blvd., 7, (If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: RUFUS NOLL

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mary Noll

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: February 18th, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	6	10	hr. min.

9. Birthplace: Reading Pennsylvania 1 (City, town, or county) (State or foreign country)

10. Usual occupation: Unemployed

11. Industry or business:

FATHER
12. Name: George Noll
13. Birthplace: Pennsylvania 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Wappenhorst
15. Birthplace: Pennsylvania 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary Nell

(b) Address: 4048a N. Grand Blvd., 7,

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof: 8/31/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Calvin F. Feutz

(b) Address: 4828 Natural Bridge Boulevard

19. (a) AUG 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th year 1948 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug. 19th, 19..., to Aug. 28th, 1948 that I last saw him alive on Aug. 28th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infarction of Myocardium due to arteriosclerosis	
Due to:	
Due to: 94 N	
Other conditions (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: Otto L. Bryan M.D. Address: 1515 Lafayette Date signed: 8/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.