No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1948

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28947

Primary Registration District No. 1000

Registrar's No. 1060

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Holt
(c) City or town Oregon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Frederick Noellsch
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Blanche Noellsch
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased December (Month) 16 (Day) 1879 (Year)
8. AGE: Years 68 Months 9 Days 20 If less than one day hr. min.
9. Birthplace Oregon (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Joseph Noellsch
13. Birthplace ✓ (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Louise Hoffman
15. Birthplace ✓ (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Blanche Noellsch
(b) Address Oregon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oregon Mo.
18. (a) Signature of funeral director James H. Pettijohn
(b) Address Oregon, Mo.
19. (a) 10-7-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th. year 1948 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 14 1948 to Oct 6 1948 that I last saw h. alive on Oct 5 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Infarction	22 days
Due to: Coronary Sclerosis	
Coronary Occlusion	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 9 H.B.	
Of autopsy: Anterior coronary occlusion with infarction	

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 T. L. Howden (M. D. or other) MD
Address 620 Francis Date signed 10-7-48

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo.

Dr. Fowden

NOV 10 1948

MAY 24 1950

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 James H Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.