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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 9 1948 318

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

31314
8598
State File No.
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
3322 a Vista Avenue /
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME LON STEVENS NOEL
3. (b) If veteran, name war None
3. (c) Social Security No. 493-08-5751

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Belle Noel
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased December 16, 1882

8. AGE: Years 65 Months 9 Days 14
If less than one day hr. min.

9. Birthplace Middle Grove Missouri
10. Usual occupation Shoe Cutter

11. Industry or business International Shoe Co.

MOTHER FATHER
12. Name James Noel
13. Birthplace Unknown
14. Maiden name Sarah Quisenberry
15. Birthplace Kentucky

16. (a) Informant Mrs. Ida Belle Noel
(b) Address 3322 a Vista Avenue

17. (a) Burial (b) Date thereof Oct 4, 1948
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director J. F. Brodeck
(b) Address 1165 Hamilton Avenue.

19. (a) OCT 2 1948 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3322 a Vista Avenue
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 30, 1948
year 10:30 hour minute P M.
21. I hereby certify that I attended the deceased from November 8, 1947 to Sept 30, 1948
that I last saw him alive on Sept 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion
Due to Coronary disease with
pericardial occlusion
Duration 10 hrs.
15 min.

Other conditions
Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
23. Signature Henry T. Cooper (M. D. or other) M.D.
Address 815 Olive St. Date signed 2 Oct 48

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

1030
D

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 *Gustav W. Dutech*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.