

FILED JUL 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24535

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Francois</u> OR <u>Farmington</u> TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u> OR TOWN	
c. LENGTH OF STAY (in this place) <u>12Y; 2M; 9da</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>THOMAS</u>	b. (Middle) <u>PATRICK</u>	c. (Last) <u>NOONEY</u>	(Month) <u>July</u>	(Day) <u>9</u>	(Year) <u>1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 25, 1877</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 18: Months <u>7</u> Days <u>14</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Watchman - St. Louis Public Service Co.</u>			11. BIRTHPLACE (State or foreign country) <u>Montgomery City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Nooney</u>	13b. MOTHER'S MAIDEN NAME <u>Bridget Ford</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>John Nooney</u>		12 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Psychosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>490X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1937, to July 9, 1949, that I last saw the deceased alive on July 9, 1949, and that death occurred at 8:00A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas J. Sharnick, M.D. 23b. ADDRESS State Hospital No. 4, Farmington, Mo. 23c. DATE SIGNED 7-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-12-49 24c. NAME OF CEMETERY OR CREMATORY CALVARY 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.

DATE REC'D BY LOCAL REG. July 9, 1949 REGISTRAR'S SIGNATURE Esther Rudolph 25. FUNERAL DIRECTOR'S SIGNATURE BOPPE ADDRESS ST. LOUIS MO

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

94
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RECEIVED 7-18-49

Health Officer No. 4

District File Number 249-96

Date Filed 7-18-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed AS Cozear

Signed _____
Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.