

FILED DEC 27 1949

STANDARD CERTIFICATE OF DEATH

42820
State File No. 10689

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri.. b. COUNTY St. Louis, Mo			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (In this place) 1 week.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton (24). Box 418.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital..				d. STREET ADDRESS (If rural, give location) N.W. Clayton & Mason Roads.			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) TURNER c. (Last) NOLAND.			4. DATE OF DEATH Dec 11, 1949.				
5. SEX Male.	6. COLOR OR RACE White..	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH April 7, 1876.		9. AGE (In years last birthday) 73.	IF UNDER 1 YEAR Months 8.	IF UNDER 24 HRS. Hours 4. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.. Liggett & Meyer Tobacco Co.,			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edward Turner Noland.		13b. MOTHER'S MAIDEN NAME Elizabeth Vaughn.		14. NAME OF HUSBAND OR WIFE Florence Miller Noland.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 489-70-58266.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert J. Noland, Conway Rd, St. Louis, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION Dec 9, 48		19b. MAJOR FINDINGS OF OPERATION Cancer of rectum				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) Ho			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 13 AX			
22. I hereby certify that I attended the deceased from Dec 19, 1948, to Dec 11, 1949, that I last saw the deceased alive on Dec 10, 1949, and that death occurred at 11 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph W. Lammert, M.D. (Degree or title)				23b. ADDRESS 3920 Washington Ave		23c. DATE SIGNED 12/12/49	
24a. BURIAL / CREMATION, REMOVAL (Specify) Burial..		24b. DATE 12/13/49.	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery..		24d. LOCATION (City, town, or county) / (State) St. Louis (14), Missouri.		
DATE REC'D BY LOCAL REG. DEC 12 1949		REGISTRAR'S SIGNATURE Jo. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blvd.,			

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

DEC. 29 1949

Dr Joseph W. Larimore.
3720 Washington Bl'vd.,
JE: 1318.
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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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed Clarence H. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 4011

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.