

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42821

State File No. 10479

| | | | | | | | | | |
|---|--|--|--|--|--|---|--|----------------------------------|--|
| 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 Illinois b. COUNTY 999 | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) 9 days | | c. CITY (If outside corporate limits, write RURAL and give township) Centralia | | d. STREET ADDRESS (If rural, give location) N.W. 218 No Walnut | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital | | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1949 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles | | b. (Middle) John | | c. (Last) Noll | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1949 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 2-3-1868 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) checker | | 10b. KIND OF BUSINESS OR INDUSTRY Bakery | | 9. AGE (in years last birthday) 81 IF UNDER 1 YEAR: Months _____ Days _____ | | 11. BIRTHPLACE (State or foreign country) Germany | | | |
| 13a. FATHER'S NAME George Noll | | 13b. MOTHER'S MAIDEN NAME Katherine Krous | | 14. NAME OF HUSBAND OR WIFE Flora | | 12. CITIZEN OF WHAT COUNTRY? US | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Flora Noll Centralia | | ADDRESS Ill | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | | | ANTECEDENT CAUSES | | | | 10 min | |
| DUE TO (b) Coronary | | | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| DUE TO (c) Ca of Stomach | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 7 mon. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Ill | | | | | |
| 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? 151K | | | | | |
| 22. I hereby certify that I attended the deceased from Nov. 25, 1949 , to Dec. 4, 1949 , that I last saw the deceased alive on Dec. 4, 1949 , and that death occurred at 9:35a m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE F. R. Bradley M.D. | | | | 23b. ADDRESS Barnes Hospital, | | 23c. DATE SIGNED M.D. | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12-5-1949 | | 24c. NAME OF CEMETERY OR CREMATORY Centralia | | 24d. LOCATION (City, town, or county) (State) Centralia | | | |
| DATE REC'D BY LOCAL REG. DEC 6 1949 | | REGISTRAR'S SIGNATURE J. B. Lassiter | | 25. FUNERAL DIRECTOR'S NAME AND ADDRESS Rowland Mortuary Service, Inc. 4104 Manchester Ave. St. Louis 10, Mo. | | | | | |

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

62057

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.

Student

Student Embalmer

Signed

J. Allen Davis Jr

Licensed Embalmer No. 4053

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.