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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35181
State File No.
8385
Registrar's No.

FILED OCT 18 1950

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1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Saint Louis c. LENGTH OF STAY (in this place) 2 Hours d. FULL NAME OF HOSPITAL OR INSTITUTION 2143 E. Gano Avenue			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis d. STREET ADDRESS (If rural, give location) 4233 De Soto		
3. NAME OF DECEASED (Type or Print) a. (First) Le Roy b. (Middle) John c. (Last) Noll		4. DATE OF DEATH (Month) (Day) (Year) Oct. 3rd, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6th, 1896	9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forge an		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Screw Co.		11. BIRTHPLACE (State or foreign country) Reading, Pennsylvania	
13a. FATHER'S NAME Rufus Noll		13b. MOTHER'S MAIDEN NAME Sarah Bear		14. NAME OF HUSBAND OR WIFE Sue W. Noll nee Casserly	
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. 490-03-8592		17. INFORMANT'S SIGNATURE OR NAME Sue W. Noll, 4233 De Soto	
MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H20!	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:55 P. m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE Patricia E Taylor			23b. ADDRESS 1300 Pearl		
23c. DATE SIGNED 10.5.50			_____		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/6/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		_____			
DATE REC'D BY LOCAL REG. OCT 5 1950		REGISTRAR'S SIGNATURE 		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Nat'l. Bridge Blvd.	

Memo

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 *John A. McLean*

Signed.....
Student Embalmer

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.