

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35183

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8842

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY OR TOWN <u>ST. LOUIS MO</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>AFRONTON</u> <u>4820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>9223 GRAVOIS</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BERTHA</u>	b. (Middle) <u>-</u>	c. (Last) <u>NOONEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 17 1950</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov. 19 1885</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE LADY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TERMINAL RAILROAD</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>WILLIAM SCHRIEFER</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA REINBOLD</u>	14. NAME OF HUSBAND OR WIFE <u>EDWARD NOONEY (DECEASED)</u>
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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 <u>Joseph W. DEAN</u>	ADDRESS <u>9223 GRAVOIS</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u>	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized abdominal Carcinoma -</u> <u>Endometrial</u> DUE TO (c) <u>Cystadenocarcinoma of ovary, tubal</u>		<u>6 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>175X</u>

22. I hereby certify that I attended the deceased from 8:19, to 8:05, 1950, that I last saw the deceased alive on 8:05, 1950, and that death occurred 8:05 m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Duhle M.D.</u> (Degree or title)	23b. ADDRESS <u>1325 S. Grand Blvd</u>	23c. DATE SIGNED <u>10-18-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>OCT. 19 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHANY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>OCT 18 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>	ADDRESS <u>2906 Marine</u>
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(Licensed Embalmer's Statement on Reverse Side)

887600

James E. Hill

[Handwritten signature]

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 *James E Hill*

Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906*

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

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