S. No. 300
V. 10-48

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 18884

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2183

1003
0

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S. Marine Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia 01 0
d. STREET ADDRESS (If rural, give location) RFD#5 1

**3. NAME OF DECEASED** (Type or Print)
a. (First) Leonard
b. (Middle)
c. (Last) Noel

**4. DATE OF DEATH** (Month) May (Day) 14 (Year) 1951

**5. SEX** male 0
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widower 2
**8. DATE OF BIRTH** 8-22--80
**9. AGE** (In years last birthday) 69 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) farmer
**10b. KIND OF BUSINESS OR INDUSTRY** farmer
**11. BIRTHPLACE** (State or foreign country) Missouri 0
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME** Frank Noel
**13b. MOTHER'S MAIDEN NAME** Viass y Quick
**14. NAME OF HUSBAND OR WIFE**

**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** Mrs. Frank Taborn daughter, **ADDRESS** 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**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Cardiac insufficiency | 4 wks |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | aortic insufficiency | unknown |
| DUE TO (c) | syphilis and or arteriosclerosis | unknown |
| 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** 023X
**20. AUTOPSY?** YES [X] NO [ ]

**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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 11 May, 1951, *to* 14 May, 1951, *that I last saw the deceased alive on* 14 May 1951, 19__, *and that death occurred at* 12:30P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** [signature] 0 (Degree or title) Wm. H. Stimson, Sr. Surg. USPHS
**23b. ADDRESS** U.S. Marine Hospital, Kirkwood, Mo
**23c. DATE SIGNED** 14May 51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL 0
**24b. DATE** 5/16/51
**24c. NAME OF CEMETERY OR CREMATORY** COLUMBIA CEMETERY
**24d. LOCATION** (City, town, or county) COLUMBIA (State) MO.

**DATE REC'D BY LOCAL REG.** 5-14-51
**REGISTRAR'S SIGNATURE** [signature] RM.
**25. FUNERAL DIRECTOR'S SIGNATURE** MEYER PFITZINGER **ADDRESS** KIRKWOOD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 William H. Pfitzinger

Signed.....
Student Embalmer

Licensed Embalmer No. 4316

P. O. Address Kirkwood 22, 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.**