

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26172

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6311**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5834 Mardel		d. STREET ADDRESS (If rural, give location) 5834 Mardel	

3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle)		c. (Last) Nokley		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Mar 3, 1871	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Gas Co.		11. BIRTHPLACE (State or foreign country) Ireland 4		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Nokley		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Nora Nokley	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm Nokley 5834 Mardel	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Asford 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. A.S. H. No			

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? 177x	

22. I hereby certify that I attended the deceased from **4-1** 19**52** to **6-29**, 19**52**, that I last saw the deceased alive on **6-29**, 19**52** and that death occurred at **3:00 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Kraver, M.D.		23b. ADDRESS 1705 S. Grand		23c. DATE SIGNED 6-30-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 7/2/52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo	
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DATE REC'D BY LOCAL REG. JUL 2 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Harris*

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.