

FILED MAR 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. 10010

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2130

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| 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) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 1 year | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. 4962 Fyler Ave, | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. 4962 Fyler Ave, | | e. STREET ADDRESS (If rural, give location) 14 4962 Fyler Ave. 2148 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Robert | b. (Middle) John | c. (Last) Noonan | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 6 1955 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) married | 8. DATE OF BIRTH Oct. 24 1904 |
| 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 MIN. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver | 10b. KIND OF BUSINESS OR INDUSTRY Transportation | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME John J. Noonan | 13b. MOTHER'S MAIDEN NAME Ann Simms | 14. NAME OF HUSBAND OR WIFE Nell Noonan |
| 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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nell Noonan 4962 Fyler Ave. |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 hour |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| * ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Hypertensive Heart disease | yes? |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 420 K |

22. I hereby certify that I attended the deceased from 11-15, 1954 to 3-6, 1955, that I last saw the deceased alive on 1-28, 1955, and that death occurred at 7:28 m., from the causes and on the date stated above.

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|---|---------------------------|---|
| 23a. SIGNATURE (Degree or title) Robert Kaplan MD | 23b. ADDRESS 607 N. Grand | 23c. DATE SIGNED 3-8-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/9/55 | 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. MAR 8 1955 | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967W. Florissant |
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wilfred W. Beal*.....

Licensed Embalmer No..... 45

P. O. Address..... St. L.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.