

No. 300  
10.48

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23388**  
Registrar's No. **6452**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St Louis</i>	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 <i>3650 Cook</i>		e. STREET ADDRESS (If rural, give location) <i>11 3650 Cook 21170</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Noble</i>	b. (Middle)	c. (Last) <i>Abage</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 20, 1955</i>
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5. SEX <i>M</i>	6. COLOR OR RACE <i>2 Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan. 22, 1910</i>	9. AGE (In years last birthday) <i>45 7</i>	10. UNDER: YEAR Months Days	11. 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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Anniston</i>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <i>Unkuation</i>	13b. MOTHER'S MAIDEN NAME <i>Unkuation</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Anna Lewis 3650 Cook</i>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)	<i>Stab wound of heart, inflicted with butcher knife in the hands of one James C. Davis (aol) during altercation at 800 No Jefferson Ave., around 105 pm, July 20, 1955</i>	
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 <i>Homicide</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT OR SUICIDE (Specify) <i>Homicide</i>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>Street</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 20 55 6pm</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>982X</i>
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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 *6:05 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Patrick C. Taylor, Coroner</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>7.26.55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>July 27, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis, Mo</i>
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DATE REC'D BY LOCAL REG. <i>JUL 26 1955</i>	REGISTRAR'S SIGNATURE <i>Charles Smith MO</i>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>C. B. Frouce 1221 W. Grand</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *William Blair*

Licensed Embalmer No. *390*

P. O. Address *1221 N. St.*

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.