

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38688**  
**9869**

FILED NOV 18 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. \_\_\_\_\_ REGISTRAR'S NO. \_\_\_\_\_

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Mo.</b><br>b. COUNTY |                                     |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> |  | c. LENGTH OF STAY (In this place)<br><b>Life</b>  | c. CITY OR TOWN<br><b>St. Louis</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>5359 Odell Ave.</b>                        |  | e. STREET ADDRESS (If rural, give location)<br><b>13 5359 Odell Ave.</b>  |                                     |

|   |                               |   |   |   |                                  |
|---|-------------------------------|---|---|---|----------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>George</b> b. (Middle) <b>Charles</b> c. (Last) <b>Noble</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Nov. 10, 1955</b> |   |                                  |
| 5. SEX<br><b>M.</b>   | 6. COLOR OR RACE<br><b>W.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>M.</b> | 8. DATE OF BIRTH<br><b>May 7, 1892</b>                        | 9. AGE (In years last birthday)<br><b>63</b>                                | IF UNDER 12 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Mo.</b> |                                  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |                               |   |   |   |                                  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><b>Charles Noble</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Julia Ratican</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Lucille Noble</b>                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)<br><b>Yes World War # 1</b> |  | 16. SOCIAL SECURITY NO.                                |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Lucille Noble, 5359 Odell Ave.</b> |  |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchiogenic Carcinoma</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) _____<br>DUE TO (c) _____   |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Med. Ado Pul. The Correlated</b> |  |   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>162x</b>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from **10-11**, 19**53**, to **11-10**, 19**55**, that I last saw the deceased alive on **Sept 1**, 19**53**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 23a. SIGNATURE<br><b>John C. Murphy</b> (Degree or title)                  |  | 23b. ADDRESS<br><b>3720 Washington Blvd</b> |  | 23c. DATE SIGNED<br><b>11-11-55</b>                                |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                |  | 24b. DATE<br><b>Nov. 14, 1955</b>           |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b> |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b> |  |   |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>NOV 14 1955</b> |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith</b> |  | FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>J. Donnelly, 3840 Lindell Blvd.</b> |  |
|--|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

445 ✓

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 *Francis Williamson* .....

Licensed Embalmer No. *35* .....

P. O. Address *38402* .....

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.