

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
 12978

1. PLACE OF DEATH

County..... Registration District No. **791** File No.....
 Township **St. Louis** Primary Registration District No. **1003** Registered No. **3261**
 City..... (No. **110 Baptist Sanitarium**) St. Word)

2. FULL NAME Edward J. Noonan

(a) Residence. No. Jefferson Hotel 415.112 St. 25 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 11 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Detective
 (b) General nature of industry, business, or establishment in which employed (or employee) Jefferson Hotel
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Robert Noonan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Quah Fox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

14. INFORMANT Mary Noonan
 (Address) 3220 Bell Ave

15. FILED APR - 1 1927 Mar. 6. Warkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1927

17. HEREBY CERTIFY, That I attended deceased from January 1927, to April 4 1927 that I last saw him alive on April 3 1927, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angiemia of neck
Malignant
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Hemiplegia Right
cause unknown
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 535 820
 IS NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
 (Signed) Chas. J. P. ... M.D.
4/4 1927 (Address) Life Realty

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cabany Cemetery **DATE OF BURIAL** 4/7 1927

20. UNDERTAKER Arthur J. Donnelly 2039 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

Int. Prof. B. H. G.
80 Chestnut St. 721
12-1 Pm