

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

Do not use this space.

**791**

**16303**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 2425 Lofland Dr)..... St. 11 Ward

File No.....  
Registered No. 44395  
St. 11 Ward

**2. FULL NAME**

Anna Noonan  
(a) Residence. No. 2425 Lofland Dr St. 11 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Patrick Noonan</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 10 - 1862</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>6</u>	DAYS <u>28</u>
IF LESS than 1 day, ___ hrs. or ___ min.		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

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

10. NAME OF FATHER Hugh Murray  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johns  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Sabina Murray  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Paul  
(STATE OR COUNTRY)

14. INFORMANT Patrick Noonan  
(Address) 2425 Lofland Dr

15. FILED May 11 1927  
19. Max C. Starck  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8<sup>th</sup> 19 27  
17. I HEREBY CERTIFY, That I attended deceased from April 5, 1927, to May 8<sup>th</sup>, 1927, and that I last saw her alive on May 8<sup>th</sup>, 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis

131  
CONTRIBUTORY (SECONDARY) 1290  
(duration) yrs. 6 mos. - da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Mr. Langan, M. D.  
(Signed) May 9, 1927 (Address) 12806 N. Grand Ave

\*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 Calvary Cemetery DATE OF BURIAL May 11 1927

20. UNDERTAKER Cullinane Bros ADDRESS 1710 N. Grand Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD RESERVED FOR BINDING

V. S. P. O. 2

Dr. Lanyon  
Grand Island