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.

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

Do not use this space.

19467

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Barnes Hospital St. ..... Ward)

File No. 5911

Registered No. .....

2. FULL NAME Elwin Irwin Noxon

(a) Residence. No. 411 Algonquin Pl. St., 12 Ward.
(Usual place of abode) Webster groves. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 7

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 - 1864

7. AGE: 63 YEARS | MONTHS: 11 | DAYS: 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Supt.

(b) General nature of industry, business, or establishment in which employed (or employer): Purina Mills

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ontario Canada

PARENTS

10. NAME OF FATHER: Philip Noxon

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Elmer N Noxon
(Address) 411 Algonquin Pl.

15. FILED JUN - 2 1928 Chas C Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-21, 1928, to 5-30, 1928 that I last saw h. / M. alive on 5-30, 1928, and that death occurred, on the date stated above, at 4:55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Gangrene of Leg
Diabetes Mellitus

59 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Post op shock

57 (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-28-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W H Olmsted, M.D

5/31, 1928 (Address) Barnes Hospital

*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: Valhalla Cem.

DATE OF BURIAL: June 2 1928.

20. UNDERTAKER: Ziegenhein Bros. 2623

ADDRESS: Cherokee St